

DEC 20 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

38227

1. PLACE OF DEATH

County SalineRegistration District No. 796Township MarshallPrimary Registration District No. 3038City Marshall(No. 530 No. Ellsworth)

File No.

Registered No. 176

St. Ward)

2. FULL NAME

Christopher Columbus Gibson(a) Residence, No. 530 No. Ellsworth St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Susan Gibson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 28, 1854</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>2</u>
	DAYS <u>29</u>	If LESS than 1 day, ... hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer - Retired</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) <u>Brooks Co.</u> (STATE OR COUNTRY) <u>Mo.</u>		
FATHER	13. NAME <u>James Gibson</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Missouri</u> (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Coats</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Sturgeon</u> (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT (ADDRESS) <u>Mr. O. E. Moore</u> <u>Napton, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Arrow Rock Mo.</u> DATE <u>Nov. 29, 1935</u>		
19. UNDERTAKER <u>Short & M. Leary</u> (ADDRESS) <u>Marshall, Mo.</u>		
20. FILED <u>Nov. 29, 1935</u> <u>Wiley Huston</u> Deputy Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>11-27-1935</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>11-26</u> 19 <u>35</u> to <u>11-27</u> 19 <u>35</u>
I last saw him alive on <u>11-27</u> 19 <u>35</u> Death is said to have occurred on the date stated above, at <u>11 A.</u>
The principal cause of death and related causes of importance were as follows: <u>Cardio-Renal Disease</u> <u>ASBV</u> Other contributory causes of importance: <u>ASBV</u>
Name of operation <u>ASBV</u> Date of <u>1935</u>
What test confirmed diagnosis? <u>ASBV</u> Was there an autopsy? <u>no</u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>no</u> Date of injury <u>no</u> Where did injury occur? <u>no</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>no</u>
Manner of injury <u>no</u>
Nature of injury <u>no</u>
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify <u>no</u>
(Signed) <u>Wiley Huston</u> M. D. (Address) <u>Marshall, Mo.</u>

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

