MAY 25 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

40663-1

1. PLACE OF DEATH
County Pulaski — Registration District No. 714 — File No. 3A
Township Roubidoux — Primary Registration District No. 5944 — Registered No. 1
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Lu David Gilbreath
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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 M
4. COLOR OR RACE w
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF not known widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-3-1853
7. AGE YEARS 82 MONTHS 7 DAYS 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
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) Not known
11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

FATHER
13. NAME John Gilbreath
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) adopted by Ind.

MOTHER
15. MAIDEN NAME Persilla Boone
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.C.

17. INFORMANT (ADDRESS) Walter Gilbreath Cockrell Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mandonia DATE 12-25-1935
19. UNDERTAKER (ADDRESS) Moore Funeral Home Anlaa Okla.
20. FILED 5-5-1936 J. G. Koonce Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-23-1935
22. I HEREBY CERTIFY, That I attended deceased from 12-22-1935 to 12-23-1935
I last saw him alive on 12-22-1935 Death is said to have occurred on the date stated above, at 11 45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
97	

Other contributory causes of importance:

Name of operation none Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury —, 19....
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury none
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify —
(Signed) R. E. Howlett, M. D.
(Address) Richland Mo.

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.