

WAR 7 1936

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

Do not use this space.

8562

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City *St. Louis* (No. *City Hospital 2*)

File No.

Registered No. 2266

St. Ward

2. FULL NAME *Douglas Gibson*

(a) Residence, No. *2912 1/2 Bell* St. *21* Ward.

Length of residence in city or town where death occurred *1* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *Col* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

1907

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 23 - 1907*

7. AGE YEARS *28* MONTHS *8* DAYS *4* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Labor*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Common*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

13. NAME *Andrew Gibson*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

15. MAIDEN NAME *Lucy Hopkins*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

17. INFORMANT (*write name*) *Justine Gibson* (ADDRESS) *2912 1/2 Bell*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Father Dickson* DATE *Mar 2 1936*

19. UNDERTAKER (ADDRESS) *J. H. Brown* *12915 Franklin Ave*

20. FILED *FEB 29 1936* *J. T. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 27 1936*

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to, 19..... I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at *4:30 A.*

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia; Diabetes Mellitus

Date of onset

Other contributory causes of importance:

59

Name of operation..... Date of..... What test confirmed diagnosis?..... Was there an autopsy? *no.*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... 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..... Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) *Harold J. Delaney* M.D. (Address) *Chgo. Ill.*

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.

