JAN 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County: Cole — Registration District No.: 213

Township: Jefferson — Primary Registration District No.: 5293

City: ..... (No. ....., ... St. ..... Ward)

File No.: 44194

Registered No.: 328

2. FULL NAME: Donald Eugene Gibler

(a) Residence, No. ..... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June-19-1936

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	5	13	

OCCUPATION

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

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) (STATE OR COUNTRY) Wainwright, Mo.

FATHER

13. NAME Orville Gibler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County, Mo.

MOTHER

15. MAIDEN NAME Dorothy Kleindinst

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lohman, Missouri

17. INFORMANT (ADDRESS) Orville O. Gibler, Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elston, Mo. DATE Dec-3- 1936

19. UNDERTAKER (ADDRESS) Thorne J. Gordon, Jefferson City Mo.

20. FILED 12/21/1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1936, to Dec 2, 1936

I last saw alive on Dec 2, 1936. Death is said to have occurred on the date stated above, at 9:30 A.m.

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

	Date of onset
Bronchial Pneumonia	11-25
Other contributory causes of importance:	
Lobar Pneumonia	11-25

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical 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? No

If so, specify .....

(Signed) [signature], M. D.

(Address) Jefferson City Mo.