WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

DEC 8 1936

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

Do not use this space.

49376

1. PLACE OF DEATH
County Perry — Registration District No. 663 — File No. 9
Township St Mango — Primary Registration District No. 5881 — Registered No. 9
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Still Born.
(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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Still Born.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-30-1936
7. AGE YEARS MONTHS DAYS If LESS than 1 day ..... hrs. ..... min. Still Born

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Still Born.
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) Silver Lake, Mo.

FATHER
13. NAME Earl Vincent Gibbar
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry County Mo

MOTHER
15. MAIDEN NAME Doris Wilburn Labrier
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry County Mo

17. INFORMANT (ADDRESS) Earl V. Gibbar Silver Lake Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Silver Lake Catholic DATE Nov. 30 1936
19. UNDERTAKER (ADDRESS) Bey Undertaking Co. Perryville Mo.
20. FILED 11 30 1936 Hy J. Duvall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-30- 1936
22. I HEREBY CERTIFY, That I attended deceased from 11-30th, 1936 to 11-30, 1936
I last saw her alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Still Born.	

Other contributory causes of importance:

Name of operation ..... 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? ..... 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) H. H. Parks, M. D.
(Address) Perryville Mo