

MAR 5 - 1937

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

Do not use this space.

791
1003

8347

1. PLACE OF DEATH

County.....

Registration District No.....

Township
City **St. Louis**

Primary Registration District No.
City Hospital No. 1

File No.....

Registered No. **1798**

B. **16141**

2. FULL NAME

Charles Gibson

(a) Residence, No. **4500 St. Louis** St. **11** 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

MEDICAL CERTIFICATE OF DEATH

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **widowed**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2/9/37**, 19

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Cora W. Gibson.**

22. I HEREBY CERTIFY, That I attended deceased from **2/8/37**, 19, to **2/9/37**, 19

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec 4, 1854**

I last saw h. **him** on **2/9/37**, 19. Death is said to have occurred on the date stated above, at **1010p.**
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. **82 2 5**

Regenerative heart disease Date of onset

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Clothing salesman (Schmitz & Schraider)**

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

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **New Franklin, Missouri**

13. NAME **David Gibson**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown Ohio**

15. MAIDEN NAME **Sarah Bower**

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

17. INFORMANT **Hosp. Info. M. H. Kent** (ADDRESS) **City Hospital No. 1**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Booneville, Mo.** DATE **Feb. 11th 1937**

19. UNDERTAKER **C. P. Lupton & Sons.** (ADDRESS) **4440 Olive St., St. Louis, Mo.**

20. FILED **FEB 10 1937** **J. Bredeck** Registrar

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) **Geoffrey**, M. D.
(Address) **City Hospital No. 1**

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.

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