FEB 23 1937

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

Do not use this space.

File No. 9109

Registered No.

1. PLACE OF DEATH
County Stoddard
Township
City Dexter (No. , St. Ward)

Registration District No. 838
Primary Registration District No. 4 5 7

2. FULL NAME James E. Gibbs

(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): Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 30. 1889

7. AGE: YEARS 47 | MONTHS 2 | DAYS 5 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Illinois

FATHER
13. NAME: Tom Gibbs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

MOTHER
15. MAIDEN NAME: Ida Ingram
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): Mrs. Ida Johnson Dexter, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hagy Cem. DATE 2/6/37, 19

19. UNDERTAKER (ADDRESS): Blankenship-Strickland Dexter, Mo.

20. FILED 2-9, 1937 M. B. Gauel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/5/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5th, 1937, to Feb. 5th, 1937
I last saw him alive on Feb. 5th, 1937. Death is said to have occurred on the date stated above, at 11 am
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2/1/37

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Other contributory causes of importance: Intoxication with Whiskey

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) S. L. Cannon, M. D.
(Address) Dexter, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.