

JUN 22 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

20346

1. PLACE OF DEATH

County JasperRegistration District No. 408Township CarthagePrimary Registration District No. 3020City Carthage (No.)File No. Registered No. Ward

2. FULL NAME

(a) Residence, No. 1123 Bond 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)

Married

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

Clara Hubbard Gilbreath

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Feb. 12, 1916

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

61227

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

Grocer

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

Grocery Store

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)

Saline Co., Missouri

13. NAME

Lewis C. Gilbreath

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

Unknown, Tenn.

15. MAIDEN NAME

Mary E. Spurling

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

Unknown, Missouri

17. INFORMANT

(ADDRESS)

Mr. S. J. Gilbreath
1123 Bond St. Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Back Cemetery DATE May 14, 1937

19. UNDERTAKER

(ADDRESS)

W. Lee Matman
Carthage, Mo.

20. FILED

May 14, 1937 D. B. Clinton
Carthage, Mo.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 193722. I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1934, to May 9, 1937I last saw him alive on May 8, 1937. Death is saidto have occurred on the date stated above, at 8:15 a.m.

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

Coronary occlusion

Date of onset

Other contributory causes of importance:

Arterio-Sclerosis

Name of operation

Date of

What test confirmed diagnosis? Clin. Lab. 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)

D. B. Clinton

, M. D.

(Address)

Carthage, Mo.

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.

