

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

Do not use this space.

JUN 29 1937

1. PLACE OF DEATH

County Stoddard

Registration District No. 838

File No. 21515

Township

Primary Registration District No. 4569 2

Registered No.

City Dexter (No. 1)

St.

Ward

2. FULL NAME

(a) Residence, No. James E. Gibbs 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-5-1937

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

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1937, to _____, 19____

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

I last saw h. _____ alive on _____, 19____. Death is said

7. AGE YEARS 47 MONTHS 2 DAYS 5 IF LESS than 1 day, _____ hrs. or _____ min.

to have occurred on the date stated above, at _____ m.

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

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

Lobar Pneumonia Date of onset 2-1-37

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

Other contributory causes of importance: Intoxication with whiskey.

13. NAME Tom Gibbs

Name of operation _____ Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME Ida Ingram

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

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

Manner of injury _____

Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Hayden DATE 2-6-37

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

19. UNDERTAKER Blankenship-Strickland (ADDRESS) _____

(signed) S. J. Cannon, M. D.

20. FILED 2-9-37 Mrs. M. B. Gaud Registrar.

(Address) Dexter, 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.

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