

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.

WHITE PRINTING WITH PADDING MARKS—THIS IS A PERMANENT RECORD

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

Do not use this space.

96 JUL 31 1937

24834

1. PLACE OF DEATH

County St. Louis Registration District No. 788
Township St. Louis Primary Registration District No. 4471
City Webster Groves (No. 575, Truxedo St. 11 Ward)

2. FULL NAME Doddridge Graham Gibson

(a) Residence, No. 675 Truxedo St. 11 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 55 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (or) WIFE OF <u>Lizzie A. Gibson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 28 - 1872</u>		
7. AGE YEARS <u>64</u>	MONTHS <u>7</u>	DAYS <u>17</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Broker</u>		11. Total time (years) spent in this occupation <u>40</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Real Estate</u>		
10. Date deceased last worked at this occupation (month and year) <u>1934</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Missouri</u>		
13. NAME <u>John D. Gibson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Co Missouri</u>		
15. MAIDEN NAME <u>Catherine Alice Gibson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Missouri</u>		
17. INFORMANT (ADDRESS) <u>A. J. Utter Jr. Republic, Ill.</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Oak Hill</u> DATE <u>June 15, 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Parker Deal Co. Webster Groves Mo</u>		
20. FILED <u>6-14-1937</u> <u>Jules R. Gore</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/14/37, 19

22. I HEREBY CERTIFY, That I attended deceased from years, 19, to 6/13/37, 19. I last saw him alive on 6/13/37, 19. Death is said to have occurred on the date stated above, at 6 A. m. The principal cause of death and related causes of importance were as follows:
Carcinoma of throat & metastasis to glands of neck Date of onset ?

Other contributory causes of importance: 45

Name of operation Radical excision Date of 1935
What test confirmed diagnosis? Pathology Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury 19
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury 1

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify Frank P. Garant M. D.
(Address) 16 N. Gore, Webster Groves Mo.

