

AUG 23 1937

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

Dr. Ronald F. Elkins
Do not use this space.

27275

1. PLACE OF DEATH

County Greene Registration District No. 321
Township Clay Primary Registration District No. 5444
City Springfield No. Rt 3 St. _____ Ward _____

2. FULL NAME

(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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3 - 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 | 2 | 16

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) Laura

13. NAME Wm. Gibson

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

15. MAIDEN NAME Dorothy Knowlton

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

17. INFORMANT Chester Gibson, Son
(ADDRESS) Rt. 3, Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hallowaymo DATE June 22 1937

19. UNDERTAKER Alma Sabineyer
(ADDRESS) Springfield Mo.

20. FILED aug 18, 1937 Paul Higley Mitchell
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19 - 1937

22. I HEREBY CERTIFY That I attended deceased from June 13, 1937, to June 19, 1937

Next saw him alive on June 17, 1937. Death is said to have occurred on the day stated above, at 4 P. m.

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

Coronary Thrombosis.

Other contributory causes of importance: 181
Cardio-vascular - cerebral
disorders.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____, 1937

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? no.

If so, specify _____ (Signed) Ronald F. Elkins, M. D.

(Address) Springfield Mo.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

1 3331

