CART - (919) 1:10 PM

REC'D JUN 8 1938

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

18242
Do not use this space.

1. PLACE OF DEATH Greene
(a) County ..... Registration District No. 315
(b) Township ..... Primary Registration District No. 2031 Registered No. 374
(c) City Springfield (d) Street No. 1435 N. Robberson St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Mark Gilbert 41
(a) Residence, No. 1435 N. Robberson St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## 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~~ May Gilbert
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15 - 1883
7. AGE YEARS 54 MONTHS 5 DAYS 16 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Bus operator
9. Industry or business in which work was done, as saw mill, bank, etc. Springfield Gas & Electric Co. Transportation
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) Mo.

FATHER
13. NAME Lafayette M. Gilbert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

MOTHER
15. MAIDEN NAME Martha Susan Purssley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) May Gilbert Springfield, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn Cemetery DATE May 3 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. W. Kingner & Co. Springfield, Mo.
20. FILED May 3 1938 Chas A George M.D. Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5 - 1 1938
22. I HEREBY CERTIFY, That I attended deceased from 4 - 9 1938 to 5 - 1 1938
I last saw him alive on 5 - 1 1938. Death is said to have occurred on the date stated above, at 1:10 p.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage — Date of onset

Other contributory causes of importance:
Hypertension
Nephritis, chronic

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 ....., 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? No
If so, specify .....
(Signed) E. Roy Hartwright M.D.
(Address) 518-19 Holland Bldg Springfield Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by ~~me~~, Roy G-
#1763: Warren D. Noblett #4005 ~~or~~ by Mr. Max Rhode

Registered Apprentice No. 117, working under my personal supervision.

Signed J. B. Klingner

Licensed Embalmer No. 3358

P. O. Address Springfield

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**