

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

25163
 Do not use this space.

DEC'D AUG 24 1938

1. PLACE OF DEATH
 (a) County Cooper Registration District No. 218
 (b) Township Boonville Primary Registration District No. 3015
 (c) City Boonville (d) Street No. St. Joseph Hospital Registered No. 70
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. da. 60 How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME James Boyd Gibson
 (a) Residence, No. 125 St. Pilot Grove Mo.
 (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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 27 1861

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>77</u>	<u>5</u>	<u>1</u>	

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

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

10. Date deceased last worked at this occupation (month and year) June 1 1936 11. Total time (years) spent in this occupation. Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bentonville Ark

FATHER
 13. NAME James Robert Gibson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
 15. MAIDEN NAME Eliza Boyd
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs Harry Warnhoff
 (ADDRESS) Pilot Grove Mo

18. BURIAL, CREMATION, OR REMOVAL Burial St. Louis
 PLACE Valhalla Comet DATE 7 30 1938

19. FUNERAL DIRECTOR Hays-Steecklein Co
 (ADDRESS) Pilot Grove Mo

20. FILED Aug 9 1938 St. Joseph Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28 1938

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1938, to July 28, 1938
 I last saw him alive on July 28, 1938 Death is said to have occurred on the date stated above, at 11:15 a.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma Rectum & Urinary Bladder Date of onset

Other contributory causes of importance: 51

Name of operation Date of
 What test confirmed diagnosis? Clin 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) W.H. Bigler M. D.
 (Address) Boonville 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.

46A

STATEMENT BY LICENSED EMBALMER

I, George A. Stocklein, Licensed Embalmer No. 3369

hereby certify that the body recorded on the reverse side of this certificate was embalmed by George A. Stocklein

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed George A. Stocklein

Licensed Embalmer No. 3369

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

STATEMENT BY LICENSED EMBALMER

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

25-163
Do not use this space.

1. PLACE OF DEATH

(a) County Cooper Registration District No. 218
 (b) Township _____ Primary Registration District No. 3015 Registered No. 78
 (c) City Boonville (d) Street No. _____ 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 Boyd Gibson

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1938

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

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

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

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 77 5 1

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) _____
 11. Total time (years) spent in this occupation _____

Carcinoma Rectum and urinary Bladder
M. M. R. 51.
 Date of onset _____

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

Other contributory causes of importance:
Advice correspondence with Dr. Henry, St. Louis regarding primary seat.

FATHER 13. NAME

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

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

MOTHER 15. MAIDEN NAME

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

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.

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19____

Manner of injury _____
 Nature of injury _____

19. FUNERAL DIRECTOR (ADDRESS)

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

20. FILED _____, 19____

(Signed) W. H. Ziegler, M. D.
 (Address) Boonville mo

Local Registrar.

SUPPLEMENT

REGISTRATION SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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.

