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.

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

REC'D DEC 19 1938

39158
Do not use this space.

1. PLACE OF DEATH

(a) County Greene — Registration District No. 318

(b) Township — Primary Registration District No. 2001 — Registered No. 839

(c) City Springfield, Mo. — (d) Street No. Springfield Bodies Hospital Springfield 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. Mo.

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2. PRINT FULL NAME Chester Eugene Gilbert

(a) Residence, No. Berryville Ark - R#1 St. ☐ Berryville Ark R#1
(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: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 24, 1931

7. AGE: YEARS 7 — MONTHS 2 — DAYS 13 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Child
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nauvoo Mo.

FATHER
13. NAME: Chester Gilbert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Ollie Garrison
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nauvoo, Mo.

17. INFORMANT (ADDRESS): Chester Gilbert Berryville Ark R#1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Nauvoo Mo DATE Nov 8, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Nelson Undertaking Co of Berryville Mo.

20. FILED Nov 7, 1938 Chas A George MD Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1938, to Nov 7, 1938
I last saw him alive on Nov 7, 1938. Death is said to have occurred on the date stated above, at 11 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accute Sup Appendicitis	

Other contributory causes of importance: 121

Name of operation Appendicitis Date of 11-6-38
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
(Signed) E. C. Rosebery, M. D.
(Address) Springfield Mo

(Licensed Embalmer's Statement on Reverse Side)

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, ...

....., or by .....

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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