

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

10294
Do not use this space.

REC'D APR 11 1939

1. PLACE OF DEATH
 (a) County Callaway Registration District No. 104
 (b) Township _____ Primary Registration District No. 3008 Registered No. 86.
 (c) City Fulton (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 John Lewis Gibson
 (a) Residence, No. Portland Mo. St. Portland, Missouri
 (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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8, 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
35 | 0 | 14

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) OK
 11. Total time (years) spent in this occupation OK

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

FATHER
 13. NAME John C. Gibson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
 15. MAIDEN NAME Fannie Harrison
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs J. L. Gibson
Portland, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Portland, Mo. DATE March 24, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo. H. Wallace
Fulton, Missouri

20. FILED Mar 23, 1939 R. N. Crews
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-22, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1939, to March 22, 1939.
 I last saw him alive on March 22, 1939. Death is said to have occurred on the date stated above, at 2:00 p.m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis
53

Date of onset _____

Other contributory causes of importance:
Swains of the Right Hip Disarticulation
disarticulation

Name of operation Right Hip Disarticulation Date of 3-21-39
 What test confirmed diagnosis? Microscopic 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? No
 If so, specify _____
 (Signed) Thy. Barbour, M. D.
Fulton Mo. (Address)

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.

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.....

Harold J. Christy

Licensed Embalmer No.....

14002

P. O. Address.....

Dutton, Mo

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.)

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