

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

39649
Do not use this space.

DEC 15 1939

1. PLACE OF DEATH
 (a) County GREENE Registration District No. 378
 (b) Township SPRINGFIELD Primary Registration District No. 2001
 (c) City SPRINGFIELD (d) Street No. _____
 (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 Monroe Gilbert
 (a) Residence, No. 613 Washington St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown 1871
 7. AGE YEARS about 68 MONTHS don't know DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Minister
 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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 1, 1939
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw him alive on Dec 1, 1939. Death is said to have occurred on the date stated above, at 5:40 a.m.
 The principal cause of death and related causes of importance were as follows:

Crushed skull (fracture)
 Date of onset 12-1
 Other contributory causes of importance: 8 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana
 FATHER 13. NAME Jerry Gilbert
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 MOTHER 15. MAIDEN NAME Phyllis Jones
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.
 17. INFORMANT (ADDRESS) Lee M. Gilbert
Turvell Ark.
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Flaglewood DATE 12-7- 39
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) M. O. Campbell
867 Washington
 20. FILED 12-6- 1939 Chas. H. George M. D.
 Local Registrar.

Name of operation _____ Date of _____
 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 accident Date of injury 12-1, 1939
 Where did injury occur? Springfield, Mo. Greene
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Public street
 Manner of injury hit by truck and run over by rear
 Nature of injury walked into moving car
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Russ White, M. D.
 (Address) Springfield 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.

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 comply with the above constitutes grounds for revocation of license.)

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

X