

Registration District No. 881

Primary Registration District No. 6171

1. PLACE OF DEATH: Warren
(a) County Warren
(b) City or town Truesdale
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Warren
(c) City or town Truesdale
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME James Gordon Gibson

3. (b) If veteran name was Spanish-American 3. (c) Social Security No. 489-14-0136

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Mae Gibson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 23 1881
(Month) (Day) (Year)

8. AGE: Years 60 Months 1 Days 24 If less than one day
hr. _____ min. _____

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Druggist

11. Industry or business _____

12. Name James Gibson

13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Fannie Kyler

15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mae Gibson.

(b) Address Warrenton, Mo.

17. (a) Burial (b) Date thereof Aug. 19, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrenton City Cem.

18. (a) Signature of funeral director F. W. Nieberg + Co.

(b) Address Warrenton, Mo.

19. (a) Aug. 20, 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17th year 1941 hour 9:10 minute a M.

21. I hereby certify that I attended the deceased from Aug. 17, 1941, to Aug. 17, 1941;

that I last saw him alive on Aug. 17, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 1 hour

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Charles L. Garcia (M. D. or other) _____

Address Warrenton Date signed 8/18/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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