

APR 28 1930

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

Do not use this space.

12397

1. PLACE OF DEATH

County Henry  
Township Hinton  
City Clinton (No. ....)

Registration District No. 347  
Primary Registration District No. 3018

File No. ....  
Registered No. 19  
St. .... Ward)

2. FULL NAME

John B. Gibbons

(a) Residence No. Country Farm Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Don't know

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
66 Don't know Don't know Don't know Don't know

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Dependent  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer County Home

9. BIRTHPLACE (CITY OR TOWN) Henry County  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Gibbons

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

14. INFORMANT Gladye Pierce  
(Address) Clinton, Mo.

15. FILED 4/9 30 D. E. C. Peeler  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 8 1930

17. I HEREBY CERTIFY, That I attended deceased from April 8-1930, to fall death, 1930, that I last saw h. .... alive on ....., 19....., and that death occurred, on the date stated above, at .....

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral Hemorrhage

92A

CONTRIBUTORY (SECONDARY)

7400 (duration) inst mos. ds.  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. Place of Death

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) J. R. H. Supton, M. D.

, 19 30 (Address) Clinton Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

County Home Cem. 4-9 1930

20. UNDERTAKER ADDRESS

Sims-Whitman & Co. City

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.

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