

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

DEC 23 1931

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

Do not use this space.
37462
37462

1. PLACE OF DEATH

County Henry
Township X
City Windsor (No.)

Registration District No. 14
Primary Registration District No. 4211

File No.
Registered No. 30 (Ward)

2. FULL NAME Robert Reyes Gibbs

(a) Residence, No. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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 M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 6 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Justice of Peace

9. Industry or business in which work was done, as silk mill, 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) Kentucky

13. NAME James Gibbs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Susan Gibbs

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs Mary Gibbs
(ADDRESS) Windsor Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor, Mo DATE 11-17-31 19.

19. UNDERTAKER Thompson
(ADDRESS) Windsor Mo

20. FILED 11-17-31 19 31 Registrar Windsor Mo

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 16-31 19 31

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9 1931, to Nov. 16 1931
I last saw him alive on Nov. 15 1931. Death is said to have occurred on the date stated above, at 2:30 am.
The principal cause of death and related causes of importance were as follows:

Uremic Poisoning
137
135B
132B
Other contributory causes of importance:
enlarged prostate

Name of operation 137 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? 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) Will P. Bradley M. D.
(Address) Windsor, Mo

