

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

Do not use this space.

Hayden Posner
37478

1. PLACE OF DEATH

County..... Henry Registration District No. 347
Township..... Fields Creek Primary Registration District No. 5490
City..... Clinton R.F.D. (No. 3 St. R.F.D. Ward)

File No.
Registered No. 119
St. Ward)

2. FULL NAME..... Thomas Jefferson Gilbert

(a) Residence. No. 3 R.F.D. 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 Male 4. COLOR OR RACE Caucasian 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married
(write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Belle Collins

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-3-1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 9 19

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

9. BIRTHPLACE (CITY OR TOWN)..... Kokomo
(STATE OR COUNTRY)..... Indiana

10. NAME OF FATHER..... Peter Gilbert

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

12. MAIDEN NAME OF MOTHER..... Margaret Ann Guin

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

14. INFORMANT..... Mrs. T.J. Gilbert
(Address)..... R.F.D. # 3

15. FILED 11/2, 19 31 Ed C. Peeler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/20 1931

17. I HEREBY CERTIFY, That I attended deceased from Nov 20 1931 to Nov 20 1931 that I last saw him alive on Nov 20 1931, and that death occurred, on the date stated above, at 1 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Motorcycle gas from auto - in his garage
Dr. Hayden Posner
Thanks (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) None (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Samuel A. Posner M. D.

4/21, 19 31 (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..... Englewood Clinton DATE OF BURIAL..... 11-22-31

20. UNDERTAKER..... W.H. SIMS ADDRESS..... Clinton

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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Sheet No. 1

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Hennipew Registration District No. 347
 Township Fields Creek Primary Registration District No. 5490
 City (No. St. Ward)

File No. _____
 Registered No. 119 -

2. FULL NAME

Thomas Jefferson Gilbert
 (a) Residence, No. St. Ward. (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 <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>m</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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)		
FATHER	13. NAME	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE		
19. UNDERTAKER (ADDRESS)		
20. FILED <u>11/21</u> 19 <u>31</u> <u>Ed C Peelor</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30 - 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____.

I last saw h..... alive on _____, 19..... Death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

monoxide gas from auto in garage
not known, suicide suspected but not proved

Other contributory causes of importance:

Date of onset

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?..... 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?.....
 If so, specify (Signed)....., M. D.
 (Address).....

SUPPLEMENTARY

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Every item of information should be carefully classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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