SEP 26 1927

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

Do not use this space. 192, Williams

23519

1. PLACE OF DEATH

County Audrain — Registration District No. 26 — File No.

Township Salt River — Primary Registration District No. 3002 — Registered No. 108

City Mexico Mo. (No. ..... St. ..... Ward)

2. FULL NAME John H. Gibson

(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: male
4. COLOR OR RACE: Black
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(or) WIFE OF~~ Sallie Gibson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 19 1859

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
68	6	26	

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

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Lincoln Co Mo.

PARENTS

10. NAME OF FATHER X Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) X Unknown
12. MAIDEN NAME OF MOTHER Nancy - Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) X Unknown

14. INFORMANT Geo. E. Gibson
(Address) Detroit Mich.

15. FILED Aug 17 Ira S Milligan
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 15 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1927, to Aug 14, 1927 that I last saw him alive on Aug 14, 1927, and that death occurred, on the date stated above, at 2 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy
820
97
162 (duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) Senility Arterio-Sclerosis
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? —

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) R. S. Williams, M. D

, 19 (Address) Mexico 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: Mexico Mo. — DATE OF BURIAL: Aug. 17 1927

20. UNDERTAKER: McPheeters Bros. — ADDRESS: Mexico 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.