

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

Do not use this space.

783

1. PLACE OF DEATH

County Cooper
Township
City Boswell (No.)

Registration District No. 218
Primary Registration District No. 3015

File No.
Registered No. 11 St. Ward)

2. FULL NAME William F. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 1 - 1843

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 2 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Real Estate
(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) Penn.

10. NAME OF FATHER Thomas Gibson

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

12. MAIDEN NAME OF MOTHER Magaret Thomas

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

14. INFORMANT Mrs. W. F. Gibson (Address) Boswell Mo

15. FILED Jan 17, 1929 J. H. Kinley REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 15th 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan. 15th 1929 to Jan. 15th 1929, that I last saw him alive on Jan 15th 1929, and that death occurred, on the date stated above, at 11⁵⁵ a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

fatal reman of heart
92A
11B
CONTRIBUTORY Influenza (SECONDARY)
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:
DID AN OPERATION PRECEDE DEATH: DATE OF
WAS THERE AN AUTOPSY:

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R. L. Evans, M. D.

Jan 17, 1929 (Address) Boswell 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

Walnut Grove Cem - Jan 17 1929

20. UNDERTAKER Godman & Bolles ADDRESS Boswell Mo

X. 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.

154
2
15
2

