WRITE PLAINLY, WITH UNFADING INK—THIS IS A [illegible]

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.

NOV 29 1932

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

Do not use this space.

31178

1. PLACE OF DEATH
103 County Stoddard — Registration District No. 834 — File No.
Township Pike — Primary Registration District No. 6097 — Registered No. 38
City (No. St. Ward)

2. FULL NAME Benjamin Harrison 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 W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 20, 1918
7. AGE YEARS 14 MONTHS 5 DAYS 24 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil
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) Mo 1

FATHER
13. NAME Harrison Gibbs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill 2

MOTHER
15. MAIDEN NAME Nora Patrick
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1

17. INFORMANT (ADDRESS) Mrs. H. Gibbs Zeta, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Gravel Hill Mo. DATE Sept. 14, 1932
19. UNDERTAKER (ADDRESS) J. A. Phyles & Co Bloomfield Mo
20. FILED 10-12-, 1932 C. V. McNally Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 12, 1932
22. I HEREBY CERTIFY, That I attended deceased from July 20, 1932, to Sept 12, 1932
I last saw him alive on Aug 30, 1932. Death is said to have occurred on the date stated above, at 5 30/60 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Remittent fever	D.K.
38	
38	

Other contributory causes of importance: none

Name of operation Date of
What test confirmed diagnosis Clinical Was there an autopsy? no

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) Edward Ford, M. D.
(Address) Bloomfield Mo.