

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

Do not use this space.  
**36836**

NOV 28 1932

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.

**1. PLACE OF DEATH**

92 County St. Charles Registration District No. 757 File No. ~~150~~  
 4 Township St. Charles Primary Registration District No. 5998.3036 Registered No. 150  
 8 City St. Charles (No. 1030 Olive St) St. 4 Ward)

**2. FULL NAME**

(a) Residence, No. 1030 Olive St. St. 4 Ward. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 34 yrs. 5 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nazel Gibson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 1, 1898</u>		
7. AGE YEARS <u>34</u>	MONTHS <u>5</u>	DAYS <u>5</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>General 104</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Hauling</u>		
10. Date deceased last worked at this occupation (month and year) <u>Oct. 1, 1932</u>		11. Total time (years) spent in this occupation <u>15 yrs.</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Charles, Mo.</u>		
MOTHER	13. NAME <u>Ruben Gibson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>O'Fallon, Mo.</u>	
FATHER	15. MAIDEN NAME <u>Nattie Salvia</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Charles, Mo.</u>	
17. INFORMANT <u>Mrs. Ruben Gibson, Sr.</u> (ADDRESS) <u>1030 Olive St. St. Charles, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Belgrave Cem.</u> DATE <u>Nov. 9<sup>th</sup> 1932</u>		
19. UNDERTAKER <u>Steinbrinkers</u> (ADDRESS) <u>St. Charles, Mo.</u>		
20. FILED <u>11-12</u> 1932 <u>Hy. G. Stebbins</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1931 to Nov 6 1932  
 I last saw him alive on Feb 6 1932 Death is said to have occurred on the date stated above, at 4:05 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Arterio Sclerosis  
91  
31  
 Other contributory causes of importance: 76 D  
Arterio Sclerosis

Name of operation X Ray Date of \_\_\_\_\_  
 What test confirmed diagnosis? X Ray 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) H. Hines, M. D.  
 (Address) 200 E. Main St.

