

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

Do not use this space.

95577

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
 Township Kaw Primary Registration District No. \_\_\_\_\_  
 City K. C. Mo. (No. St. Lukes Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

William Gibbons  
 (a) Residence, No. Louisburg Kansas 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 White 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) May 5, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
74 11 20

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
 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) Logan Co. Ohio

FATHER  
 13. NAME Louis Gibbons

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Logan Co. Ohio

MOTHER  
 15. MAIDEN NAME Reveret Fanning

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Logan Co. Ohio

17. INFORMANT (ADDRESS) Mrs. Nathan Cooper

18. BURIAL, CREMATION, OR REMOVAL PLACE Louisburg Mo. DATE 2-29-33

19. UNDERTAKER (ADDRESS) Ward B. Buryan

20. FILED 2 25 1933 M. M. Cooper Registrar

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25th 1933

22. I HEREBY CERTIFY that I attended deceased from Feb 23rd 1933 to Feb 25th 1933

I last saw him alive on Feb 25th 1933. Death is said to have occurred on the date stated above, at 6:30 AM.

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

Broncho Pneumonia Date of onset 12/10/32  
1075 151  
 Other contributory causes of importance:  
Renal Arterio Sclerosis -  
Chronic Brights Disease

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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?  
 If so, specify \_\_\_\_\_

(Signed) Emory S. Kelly, M. D.  
 (Address) 1075 Argyle Bldg Kansas City Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

