

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.

APR 27 1933

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

Do not use this space.

10405

1. PLACE OF DEATH

County Monroe
Township Monroe
City (No. _____) _____

Registration District No. 581
Primary Registration District No. 3778

File No. _____
Registered No. 8 St. _____ Ward _____

2. FULL NAME

Thomas Mallory Gibson

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</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>Sallie A. Gibson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 18-1859</u>		
7. AGE	YEARS	MONTHS
	<u>73</u>	<u>5</u>
		20.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation <u>2</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Shelbyville Kentucky</u>		
13. NAME <u>Singelton Gibson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Shelbyville Kentucky</u>		
15. MAIDEN NAME <u>Mary C. Brown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Taylorville Spencer Co Kentucky</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Sallie A. Gibson Monroe City Mo. R.F.D.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Emden Mo.</u> DATE <u>March 14 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Wilson + Son - Monroe City Mo.</u>		
20. FILED <u>3-13 1933</u> <u>O. W. Wilson</u> Deputy Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March-10th 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1932 to Feb-6 1933

I last saw him alive on Feb-6 1933 Death is said to have occurred on the date stated above, at about 5:30 a.m.

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

Date of onset _____

Other contributory causes of importance:
Chronic Myocarditis

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) J. S. Cobee M. D.
(Address) Monroe City Mo.

