MARGIN [illegible] FOR BINDING

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.

OCT 10 1933

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

Do not use this space.

34772

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 8937

City St. Louis, Mo. (No. 500 S. Kingshighway St. Louis Childrens Hospital St. ..... Ward)

2. FULL NAME Lougene Gilbert

(a) Residence, No. City Water Dept St., 12 Ward. Fort Smith, Ark.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Never yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W.	Child.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 23 - 1924

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	8	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child.

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) Fort Smith, Ark

FATHER

13. NAME Pearl Gilbert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

MOTHER

15. MAIDEN NAME Cornelia Casey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

17. INFORMANT (ADDRESS) J. McIlvin 500 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE Fort Smith Ark DATE 10-18 1933

19. UNDERTAKER (ADDRESS) Fentress Und Co Fort Smith Ark

20. FILED [illegible] 19 J F Bredeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-16-33, 19

22. I HEREBY CERTIFY, That I attended deceased from 10-9-33, 19..., to 10-16-33, 19...

I last saw him alive on 10-16-33, 19... Death is said to have occurred on the date stated above, at 1:10 a.m.

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

	Date of onset
Tumor of brain, benign	Aug 1, 1933 (?)
54 D	
87 B	
82 A	

Other contributory causes of importance:

Hemorrhage, Post operation (into ventricles)

Name of operation Craniotomy, cerebellar Date of 10-14-33

What test confirmed diagnosis? Operation Was there an autopsy? yes

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) James D. McKinney, M. D.

(Address) 500 S. Kingshighway