

AUG 25 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City

Pine Bluff
Harrison
Cly

Registration District No.

Primary Registration District No.

(No.

St.

Ward)

486

3-649

File No.

Registered No.

27671

282

2. FULL NAME

(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

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 24-1882

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

55

1

29

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)

Eolia MO

13. NAME

J. E. Gibbs

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

V. A.

15. MAIDEN NAME

Fannie Mansfield

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

V. A.

17. INFORMANT (ADDRESS)

Mrs Gibbs

18. BURIAL, CREMATION, OR REMOVAL

Place Millinery's DATE July 27 1937

19. UNDERTAKER (ADDRESS)

W. O. P. Day
Jefferson m

20. FILED

8-10 1937 C. E. Howell

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

July 26 1937

22. I HEREBY CERTIFY, That I attended deceased from

June 1 1937 to July 26 1937

I last saw him alive on July 25 1937. Death is said

to have occurred on the date stated above, at 3 A. m.

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

Carcinoma of stomach

Date of onset

??

Other contributory causes of importance:

No

Name of operation

What test confirmed diagnosis? Physical and autopsy

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)

J. J. Alterato, M. D.

(Address)

Winfield, Mo.

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.

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