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

Do not use this space.

File No. 4 2428

Registered No.

1. PLACE OF DEATH

24 County Clay — Registration District No. 198

2. Township Fishing River — Primary Registration District No. 2011

City Excelsior Springs, Mo. (No. Vet. Adm. Fac. St. 3d Ward)

2. FULL NAME GIBBONS, John H. 1124,

(a) Residence, No. Vet. Adm. Excelsior Springs St., Mo. Ward. Kansas City, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 23 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)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Rosa M. Gibbons

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
64	7	23	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lees Summit, Mo.

FATHER

13. NAME John Gibbons

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

MOTHER

15. MAIDEN NAME Nanny C. Armstrong

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

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Soldier's Home Cemetery Leadsworth, Kansas DATE Jan. 3, 1938

19. UNDERTAKER (ADDRESS) John C. Prather Excelsior Springs, Mo.

20. FILED Jan 4, 1938 Lorine McCracken Registrar.

RECEIVED JAN 23 1938 BUREAU OF VITAL STATISTICS MO. STATE BOARD OF HEALTH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 9, 1937, to January 1, 1938

I last saw him alive on January 1, 1938. Death is said to have occurred on the date stated above, at 10:35 p.m.

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

	Date of onset
Gangrene of the gall bladder with perforation	

Other contributory causes of importance:

Generalized arteriosclerosis

Name of operation None Date of —

What test confirmed diagnosis? Exam. & Obs. 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? —

If so, specify

(Signed) John E. Kelly
JOHN E. KELLY, M. D., Manager.

(Address) Veterans Administration Excelsior Springs, 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.