

REC'D MAY 16 1938

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

Do not use this space.

15988

## 1. PLACE OF DEATH

County ScottRegistration District No. 1151

File No.

Township

Primary Registration District No. 4588

Registered No.

City Jornfelt (No. \_\_\_\_\_)

St.

Ward

2. FULL NAME John William Gibson

(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 20 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)

Married

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

Lula Gibson

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

June 27-1884

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

57824

OCCUPATION

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

laborer

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)

Illinois

FATHER

13. NAME

Joe Gibson

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

Illinois

MOTHER

15. MAIDEN NAME

Ella Zimmerman

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

Illinois

17. INFORMANT (ADDRESS)

Mrs Gibson

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Lightner CemDATE Apr 22, 1938

19. UNDERTAKER (ADDRESS)

Braunshoff + Hubbard

20. FILED

4-22-1938L. A. Gamm

Registrar

## MEDICAL CERTIFICATE OF DEATH

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

4-26-1938

22. I HEREBY CERTIFY, That I attended deceased from

4-17-1938 to 4-26-1938I last saw him alive on 4-20-1938. Death is saidto have occurred on the date stated above, at 3:30 m.

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

Angina Pectoris

Date of onset

Jan 11, 1938

Other contributory causes of importance:

94%

Name of operation

Date of

What test confirmed diagnosis?

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? no

If so, specify

(Signed)

L. A. Gamm

, M. D.

(Address)

Summit St

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.

