

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

25791
Do not use this space.

REC'D AUG 25 1938

1. PLACE OF DEATH
(a) County Linn Registration District No. 477
(b) Township Canton Primary Registration District No. 4286 Registered No. 48
(c) City Canton (d) Street No. 4386 St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Arthur Gilbert
(a) Residence, No. _____ St. (If nonresident, give city or town and State)

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 Robert Freeman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 14-1871
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
67 3 13
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. Laborer
10. Date deceased last worked at this occupation (month and year) Jan 1, 1935 11. Total time (years) spent in this occupation 1
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper Mo
13. NAME Johntha Gilbert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
15. MAIDEN NAME Mary Humaker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
17. INFORMANT (ADDRESS) Mrs Bessie Gilbert Canton Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Midway DATE 7-29 1938
19. FUNERAL DIRECTOR (ADDRESS) F. S. Kelly Canton Mo
20. FILED July 29, 1938 H. W. Harvey Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-27 1938
22. I HEREBY CERTIFY, That I attended deceased from July 12 1938 to July 27 1938
I last saw him, alive on July 27 1938. Death is said to have occurred on the date stated above, at 8:20 P.M.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage July 27
Other contributory causes of importance: attend sclerosis.
Name of operation _____ Date of _____
What test confirmed diagnosis? biopsy 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. D. Hill
(Address) Canton Mo

N.B.—Exact item 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.

STATEMENT BY LICENSED EMBALMER

I, W. J. Kelly, Licensed Embalmer No. 1955

hereby certify that the body recorded on the reverse side of this certificate was embalmed by W. J. Kelly

L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed W. J. Kelly
Licensed Embalmer No. 1955

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

25-791
Do not use this space.

1. PLACE OF DEATH

(a) County Lewis Registration District No. 477
 (b) Township Primary Registration District No. 4286
 (c) City Canton (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Arthur Gilbert

(a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
67 3 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19..

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 9-15 1938 H. W. Harris Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-27 1938

22. I HEREBY CERTIFY, That I attended deceased from to, 19.....

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at..... m.
 The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

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?.....
 If so, specify.....
 (Signed) S. J. Hillard M. D.
 (Address) Canton W

COMPLETED AS PRESCRIBED BY LAW.
 OCCUPATION IS VER...
 PHYSICIANS...
 PROPERLY CLASS...
 NOT EC...
 USE FOR CERTIFICATE...

SUPPLEMENTARY

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