REC'D AUG 26 1938

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

Do not use this space.

26115

1. PLACE OF DEATH

County Pemiscot — Registration District No. 653 — File No.

Township — Primary Registration District No. 4390 — Registered No. 73

City Hayti, Mo (No. , St. Ward)

2. FULL NAME William W. Gibson 1900

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: m
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): ~~Divorced~~ Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): D K 1855

7. AGE: about — YEARS: 83 — MONTHS: — DAYS: — If LESS than 1 day, hrs. or min.

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.: Retired mechanic
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): Detroit Mich. 1

FATHER

13. NAME: William Gibson 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Detroit, Mich. 9

MOTHER

15. MAIDEN NAME: D k
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): D K

17. INFORMANT (ADDRESS): Mrs. Anna Lambert, O'Fallon, Ill.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodlawn-Hayti, Mo DATE 7/9/38 19

19. UNDERTAKER (ADDRESS): Ray Und. Co. Hayti, Mo.

20. FILED 7-9 1938 J. W. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938, to July 7, 1938

I last saw him alive on July 1, 1938. Death is said to have occurred on the date stated above, at 4:30 P m.

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

	Date of onset
Hemiplegia	1936
82 ml	

Other contributory causes of importance: Cerebral Hemorrhage 1936 + July 1 1938

Name of operation — Date of

What test confirmed diagnosis? Symptoms & Signs. 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) W. R. Limbaugh, M. D.

(Address) Hayti, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.