

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

Do not use this space.

35975

1. PLACE OF DEATH

County Buena Vista  
Township Buena Vista  
City ..... (No. ..... St. ..... Ward .....)

Registration District No. 31  
Primary Registration District No. 4022

File No. .....  
Registered No. 34

2. FULL NAME

F B Gipson

(a) Residence. No. ..... St. ..... Ward .....  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 15 1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 83 9 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

PARENTS

10. NAME OF FATHER Jake Gipson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

12. MAIDEN NAME OF MOTHER Emily Cherry

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Alabama

14. INFORMANT A. Gipson  
(Address) Crane mo.

15. FILED 12-10 1928 Mattie Blankenship  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 30 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1928, to Nov 30, 1928 that I last saw him alive on Nov 30, 1928, and that death occurred, on the date stated above, at 1:00 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Tumor in Rectum  
supposed to be malignant  
4 to 6 (duration) yrs. mos. da.

122 B (duration) Not known yrs. mos. da.  
CONTRIBUTORY Obstructed bowels  
(SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT PLACE OF BIRTH? 45

DID AN OPERATION PRECEDE DEATH? no DATE OF .....  
WAS THERE AN AUTO SVT. no

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) T. B. Keeley, M. D.  
, 19 (Address) Buena Vista, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

New Church Cem Dec 2 1928  
20. UNDERTAKER Wheaton  
Boyer & Son

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.

RECORD

DEC 26 1928

