

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

Do not use this space.

27452

1. PLACE OF DEATH

County St. Francois Registration District No. 773 File No. _____
 Township St. Francois Primary Registration District No. 4464 Registered No. 95
 City Farmington No. _____ St. _____ Ward _____

2. FULL NAME Robt. L. 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 14 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 Carrya Gibson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10-1874
 7. AGE YEARS 58 MONTHS 11 DAYS 10 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General 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) Ste Genevieve Co

13. NAME Geo. W. Gibson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green Co. Miss.

15. MAIDEN NAME Carole Mills

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hickman Co. Ky.

17. INFORMANT (ADDRESS) Mrs. Carrie Gibson Farmington

18. BURIAL, CREMATION, OR REMOVAL PLACE Ma son's at Farmington DATE Aug 27 1933

19. UNDERTAKER (ADDRESS) Farmington Undert Co Farmington Mo

20. FILED Aug 21 1933 T. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1932 to Aug 18 1933

I last saw him alive on Aug 18 1933, Death is said to have occurred on the date stated above, at 530 A.M.

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

Cancer of Liver Date of onset June 1932
 Other contributory causes of importance: if it

Name of operation _____ Date of _____
 What test confirmed diagnosis? X-ray 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? _____
 If so, specify _____

(Signed) Geo. R. Watkins, M. D.

(Address) _____

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. SEP 26 1933

