

APR 30 1930

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

Do not use this space.

9921

1. PLACE OF DEATH

County Ray  
Township Richmond  
City Richmond (No. ....)

Registration District No. 744  
Primary Registration District No. 3035

File No. ....  
Registered No. 17 (Ward)

2. FULL NAME John Franklin Gibbs

(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 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 Col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 13 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
58 3 27

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. School Teacher  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Ray Co Mo.  
(STATE OR COUNTRY) .....

10. NAME OF FATHER Don't Know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....  
(STATE OR COUNTRY) .....

12. MAIDEN NAME OF MOTHER Mary Jane Settle

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

14. INFORMANT Theodore Gibbs  
(Address) Richmond Mo

15. 3-11-30 FILED 1930 C. E. Gay REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 10, 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar. 8 1930 to Mar 10 1930  
that I last saw h. .... alive on March 9 1930 and that death occurred, on the date stated above, at 12:45 P M m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute dilatation of heart  
Myocardial failure 100%  
93D  
95R yrs. mos. ds.

CONTRIBUTORY Bilateral lobar pneumonia  
(SECONDARY) (duration) yrs. mos. ds. 8

18. WHERE WAS DISEASE CONTRACTED Millville Mo  
IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Physical findings  
(Signed) H. M. Griffith M. D.  
Mar. 10 1930 (Address) Richmond, 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 Sunny Slope Cem DATE OF BURIAL 3-12-30

20. UNDERTAKER Mansur ADDRESS Richmond Mo.

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.

