

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

Do not use this space.

34184

1. PLACE OF DEATH

County Ray Registration District No. 744
Township Freedom Primary Registration District No. 3035
City Richmond (No. _____) St. _____ Ward _____

File No. _____
Registered No. 77

2. FULL NAME

William Gibbs
(a) Residence, No. Richmond Mo. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't know

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
about 65

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner

9. Industry or business in which work was done, as silk mill, 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) Missouri

13. NAME Don't know

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

15. MAIDEN NAME Mary

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

17. INFORMANT (ADDRESS) Edwin Ray

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond DATE Oct. 29 1933

19. UNDERTAKER (ADDRESS) Richmond Missouri

20. FILED 12-7 1933 Edwin Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 28 1933, to Oct 28 1933

I last saw him alive on Oct 28 1933. Death is said to have occurred on the date stated above, at 8 P. m.

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

Chronic myocarditis
acute bronchitis

Other contributory causes of importance:

930
930

Name of operation none Date of _____
What test confirmed diagnosis? P.K. 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) W. W. Smith M. D.
(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.

89
6
4
16
31
31

1940

The first part of the document discusses the general situation of the country and the progress of the war. It mentions the importance of maintaining the morale of the people and the need for a united front. The document also touches upon the economic challenges faced by the nation and the measures being taken to address them.

In the second part, the focus is on the military operations and the strategic decisions made by the leadership. It details the successes and setbacks of various campaigns and the lessons learned from them. The document emphasizes the need for flexibility and adaptability in the face of changing circumstances.

The third part of the document deals with the political and social aspects of the war. It discusses the role of the government and the various political parties in the country. It also addresses the social issues that have arisen as a result of the war and the need for social reforms.

Finally, the document concludes with a call to action for the people of the country. It urges them to continue their efforts in support of the war effort and to remain steadfast in their commitment to the nation's independence and sovereignty.