

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

Do not use this space.

9757

APR 25 1934

PLACE OF DEATH *Moniteau*

County *Lipton*

Registration District No. *6-75-*

Township *Lipton*

Primary Registration District No. *4339*

City *Lipton*

(No. ....)

File No. ....

Registered No. ....

St. .... Ward)

2. FULL NAME *Thomas Gilbert*

(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 <i>male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>✓</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Unknown</i>		
7. AGE	YEARS	MONTHS
<i>East</i>	<i>75</i>	<i>-</i>
		DAYS
		<i>-</i>
		If LESS than 1 day, .... hrs. or .... min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Laborer</i>		11. Total time (years) spent in this occupation <i>-</i>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>-</i>		
10. Date deceased last worked at this occupation (month and year) <i>-</i>		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

13. NAME *Unknown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

15. MAIDEN NAME *Jaley Gilbert*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

17. INFORMANT *F. J. Quigley Lipton, Mo*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Lipton* DATE *3-8-34*

19. UNDERTAKER *James E. Richard Lipton, Mo, #2466*

20. FILED *3-7-34 Mrs. Lusk Frye Registrar*

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 6, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *3-2-34*, 19*34*, to *3-6-34*, 19*34*

I last saw him alive on *3-6-34*, 19*34* Death is said

to have occurred on the date stated above, at *10: P. m.*

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

*Chronic Interstitial Nephritis*

Date of onset

Other contributory causes of importance: *131 131*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? *None* Was there an autopsy? \_\_\_\_\_

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) *J. B. Norman* M. D.

(Address) *Lipton 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.

