

Faded Document

If NON-RESIDENT, be careful to give the complete residence of the deceased, stating both city, county and state. The residence is the usual place of abode.

TEXAS STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
STATE OF TEXAS

COUNTY OF Angelina

Registrar's No. 40675

CITY OR PRECINCT NO. Camp Nancy # 7 No. 7 Street 40675

If in an institution, give name of Institution instead of Street and No.

Length of residence in city where death occurred 25 yrs. 0 mos. 0 days? How long in U. S. if foreign born? 0 yrs. 0 mos. 0 days

2 FULL NAME OF DECEASED Gentry Gibson

RESIDENCE OF THE DECEASED CO-327- CCC Camp F-6-T City Camp Nancy State Texas

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. Single single Married single Widowed single Divorced single
(Write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 3, 1912

7. AGE 23 Years 2 Months 20 Days If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 00

9. Industry or business in which work was done, as mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Sept. 23, 1935 11. Total time (years) spent in this occupation 10mo.

12. BIRTHPLACE (City or Town) Zavalla, Texas (State or Country)

13. NAME Noah Gibson

14. BIRTHPLACE (City or Town) Trinity County (State or Country)

15. MAIDEN NAME Lara Coldwell

16. BIRTHPLACE (City or Town) Zavalla, Texas (State or Country)

17. INFORMANT Noah Gibson
(Address) Zavalla, Texas

18. BURIAL, CREMATION, OR REMOVAL Place Zavalla, Tex. Date Sept. 24, 1935

19. UNDERTAKER M. T. Gipson
(Address) Lufkin, Texas

20. SIGNATURE OF REGISTRAR

FILE DATE Sept 25 19 35 CC King

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1935 to Sept 23, 1935
I last saw him alive on Sept 23, 1935; death is said to

have occurred on the date stated above, at 10 A. m. The principal cause of death and related causes of importance were as follows:

Accidental drowning

Other contributory causes of importance: Runover under water by wreck of oil derrick
Name of operation _____ date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accidental

Date of injury Sept. 23, 1935

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

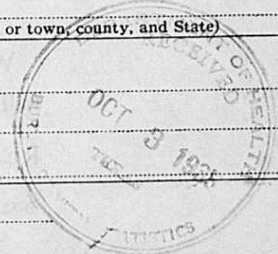
Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) J. Alexander M. D.

(Address) Nancy, Tex



Citation:

"Texas, United States records," images, FamilySearch (<https://www.familysearch.org/ark:/61903/3:1:33SQ-GB9H-SSJH?view=index> : May 25, 2025), image 1993 of 3605; Texas. State Registrar Office.

Image Group Number: 005144918

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