

Son of Mr. and Mrs. Henry Gilbert; death occurred while young Jackie was playing in the front yard of his grandparents (Mr. and Mrs. John Shirley) home, he ran out in front of a heavily loaded ore truck, which had been parked in front of the home and which had just been started when he was struck by the bumper or the wheel.

1 PLACE OF DEATH			NEVADA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS	
COUNTY OF ESMERALDA			DUPLICATE CERTIFICATE OF DEATH	
TOWN OF _____ OR CITY OF <u>Silver Peak on way to Tonopah</u>			State Index No. _____ LOCAL REGISTERED NO. <u>194</u>	
(No. _____, St. _____, Ward _____)			(If death occurred in a hospital or institution, give its NAME instead of street and number, and fill out No. 18.)	
Full Name <u>John Albert Gilbert</u>				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
8 SEX <u>male</u>	4 COLOR OR RACE <u>white</u>	5 Single Married Widowed or Divorced (Write the word) <u>single</u>	10 DATE OF DEATH <u>October 7th</u> , 19 <u>33</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>October 6th</u> , 19 <u>31</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from _____, 192____ to <u>Oct 7th</u> , 19 <u>33</u>	
7 AGE <u>2 yrs. 0 mos. 1 ds.</u> If LESS than 1 day, _____ hrs., or _____ min.			that I last saw him alive on <u>Oct 7th</u> , 19 <u>33</u>	
9 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business or establishment in which employed (or employer) <u>none</u>			and that death occurred on the date stated above at <u>9:30 A. M.</u> The CAUSE OF DEATH* was as follows: <u>Fractured skull</u>	
9 BIRTHPLACE (State or country) <u>Tonopah Nevada</u>			(Duration) _____ yrs., _____ mos., _____ ds.	
PARENTS	10 NAME OF FATHER <u>Henry Robert Gilbert</u>		Contributory <u>Accident Silver Peak Nev. - on public road, run over by ore truck</u> (Secondary)	
	11 BIRTHPLACE OF FATHER (State or country) <u>Belmont Nevada</u>		(Duration) _____ yrs., _____ mos., _____ ds.	
	12 MAIDEN NAME OF MOTHER <u>Ethel Belle Shirley</u>		(Signed) <u>R. R. Craig</u> , M. D.	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Silver Peak Nevada</u>		192____ (Address) <u>Tonopah Nev.</u>	
13a LENGTH OF RESIDENCE At place of Death _____ years, _____ months. In Nevada _____ years, _____ months.			*State the Disease Causing Death, or, in Deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Henry R. Gilbert</u> (Address) <u>Las Vegas, Nevada</u>			18 SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents Former or Usual Residence <u>Las Vegas</u> How long at Place of Death <u>1</u> Days Where was disease contracted, if not at place of death? _____	
15 Filed _____ 19 <u>33</u> Filed <u>Nov 7th</u> , 19 <u>33</u> , <u>H. P. Pinnish</u> Subregistrar. Registrar or Deputy.			19 PLACE OF BURIAL OR REMOVAL <u>Tonopah Nev</u> DATE OF BURIAL <u>Oct 9</u> , 19 <u>33</u> 20 UNDERTAKER <u>F. J. Cavanaugh</u> ADDRESS <u>Tonopah Nev</u>	