

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

Do not use this space.

JAN 22 1929

40072

1. PLACE OF DEATH

County Leppo
Township Palp
City (No. _____) St. _____ Ward _____

Registration District No. 536.4
Primary Registration District No. 2420

File No. _____
Registered No. _____

2. FULL NAME

Abraham Wiley Van Gilder
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. _____ ds. How long in U.S., if of foreign birth? yrs. mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary W. Van Gilder

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 25, 1851

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
77 | 3 | 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work General farming
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Knoxville
(STATE OR COUNTRY) Ill.

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT (Address) Paul Van Gilder Union Star MC

15. FILED 12/26, 1928 E M Reynolds
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 26 1928

17. I HEREBY CERTIFY That I attended deceased from Sept 1, 1928 to Dec 26, 1928 that I last saw alive on Dec 26, 1928, and that death occurred, on the date stated above, at 2:00 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis
730 V
56 E
CONTRIBUTORY (SECONDARY) Arteriosclerosis (duration) yrs. 6 mos. ds.
Rheumatism (duration) yrs. 4 mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) E M Reynolds M. D.
12/26, 1928 (Address) Union Star MC

*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 Union Star Cemetery DATE OF BURIAL 12/27 1928

20. UNDERTAKER H. Wilson ADDRESS Spring City Mo

K. E.—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.

WHITE PRINTING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

