

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

371



1 PLACE OF DEATH
County Jarvis
Township _____
or _____
Village _____
or _____
City Gallatin (NO. _____ St. _____ Ward _____)

Registration District No. 250
Primary Registration District No. 4150

File No. _____
Registered No. 16

2 FULL NAME

Mary B. Gillispie

If the deceased was in a hospital or institution, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE - MARRIED - WIDOWED - OR DIVORCED <u>Widowed</u> (Write the word)	16 DATE OF DEATH <u>Jan 13</u> 191 <u>6</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>Oct 13</u> 18 <u>22</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, that I attended deceased from <u>Jan 6</u> 191 <u>6</u> to <u>Jan 13</u> 191 <u>6</u> , that I last saw her alive on <u>Jan 12</u> 191 <u>6</u> , and that death occurred, on the date stated above, at <u>4 a.m.</u>	
7 AGE <u>93</u> yrs. <u>3</u> mos. <u>0</u> ds.		It LESS than 1 day.....hrs. or.....min.?	The CAUSE OF DEATH* was as follows: <u>Lobar Pneumonia</u> <u>108</u>	
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Housekeeper</u> (b) General nature of industry business, or establishment in which employed (or employer)			(Duration) <u>92</u> yrs. mos. <u>7</u> ds.	
9 BIRTHPLACE (City or town, State or foreign country) <u>England</u>			CONTRIBUTORY (Secondary) _____ (Duration) _____ yrs. mos. ds.	
PARENTS	10 NAME OF FATHER <u>Lawson</u>		(Signed) <u>M.A. Smith</u> M. D. <u>Mar 18</u> 191 <u>6</u> (Address) <u>Gallatin Mo</u>	
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country)		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.	
	12 MAIDEN NAME OF MOTHER <u>Knowlton</u>		18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)	
	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country)		At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Mrs. M. Follingsby</u> (Address) <u>Gallatin Mo</u>			Where was disease contracted if not at place of death? Former or usual residence.....	
15 Filed <u>3/18</u> 191 <u>6</u> <u>W. P. Brown</u> Registrar			19 PLACE OF BURIAL OR REMOVAL <u>Jarvis</u>	DATE OF BURIAL <u>Jan 19</u> 191 <u>6</u>
			20 UNDERTAKER <u>A. H. Pellyjohn</u>	ADDRESS <u>Gallatin Mo</u>

Dr. Smith.

