

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

9893

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_ File No. \_\_\_\_\_  
 Township Starr Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
 City Kansas City (No. 4608) Wabasha St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

William H. Gillmore

(a) Residence. No. 4608 Wabasha 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 M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Ethel Gillmore

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 20 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
42 25

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Salesman  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer Breunung Bros

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) neb

10. NAME OF FATHER W. H. Gillmore

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Not known

12. MAIDEN NAME OF MOTHER Adella Craig

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Ohio

14. INFORMANT Mrs Ethel Gillmore (Address) 4608 Wabasha

15. FILED 3/17 1919 Ada REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 15 1919

17. I HEREBY CERTIFY, That I attended deceased from 11/18 Mar, 1919, to 15/15 Mar, 1919, that I last saw h. alive on Mar 15 1919, and that death occurred, on the date stated above, at 1145 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Broncho Pneumonia  
91  
 (duration) yrs. mos. ds. 9 ds.  
 CONTRIBUTORY (SECONDARY) Probably Influenza  
 (duration) yrs. mos. ds. \_\_\_\_\_

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? NO DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) Frank Schen, M. D.  
3/17, 1919 (Address) 638 Cathay Bld

\*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Not Washington DATE OF BURIAL 3-18 1919

20. UNDERTAKER Mrs C L Goretter ADDRESS 15 @ 2nd

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

M. 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.

