JUL 25 1927

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

Do not use this space.

17614

File No. 656

Registered No.

85

1001

1. PLACE OF DEATH
County Buchanan
Registration District No.
Township
Primary Registration District No.
City St. Joseph, Mo. (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME William Tom Gillman

(a) Residence. No. 2714 Renick Street St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 14 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 9, 1927

7. AGE: Years 0 | Months 0 | Days 15 | If LESS than 1 day, ...hrs. or ....min.

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

9. BIRTHPLACE (CITY OR TOWN) St. Joseph,
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Tom J. Gillman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Emporia,
(STATE OR COUNTRY) Kansas

12. MAIDEN NAME OF MOTHER Sallie Awalt

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pickering
(STATE OR COUNTRY) Missouri.

14. INFORMANT Mr. T. J. Gillman
(ADDRESS) 2714 Renick Street

15. FILED JUL 25 1927 John L. Sullivan Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 24, 1927

17. I HEREBY CERTIFY, That I attended deceased from June 6, 1927, to June 24, 1927, that I last saw alive on June 24, 1927, and that death occurred, on the date stated above, at 5:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature
15 7 1610

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. O. Tray, M. D.
, 19 (Address) 724 Francis

*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: Mt. Auburn

DATE OF BURIAL: June 25 1927

20. UNDERTAKER: Fleeman-Faris

ADDRESS: 1208 Francis

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.