

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

Do not use this space.

25763

**1. PLACE OF DEATH**

County.....  
Towship.....  
City, **St. Louis**

Registration District No. **791**  
Primary Registration District No. **1003**  
No. **758 Euclid Ave.**

File No.....  
Registered No. **7365**  
St. .... Ward)

**2. FULL NAME** Julia L. Gillis

(a) Residence. No. **758 Euclid** St., **5** 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

**Female White Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF **James Gillis**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **May 27, 1852**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

<b>75</b>	<b>2</b>	<b>17</b>	
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**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **At Home**  
(b) General nature of industry, business, or establishment in which employed (or employer) **Housework**  
(c) Name of employer **None**

9. BIRTHPLACE (CITY OR TOWN) **Providence**  
(STATE OR COUNTRY) **Rhode Island**

10. NAME OF FATHER **Unknown**  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**  
12. MAIDEN NAME OF MOTHER **Unknown**  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

14. INFORMANT **J. D. Gillis**  
(Address) **2632 Roseland Terrace.**

15. FILED **AUG 15 1927** **May C. Starks**  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **August 14, 1927**

17. I HEREBY CERTIFY, That I attended deceased from ..... 1927, to ..... 1927. that I last saw him alive on **July 15, 1927**, and that death occurred, on the date stated above, at **1:00 p.m.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Heart death cerebral hemorrhage**  
CONTRIBUTORY **Cardiovascular disease, High blood pressure**  
(SECONDARY) (duration) **10 yrs.**

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) **Rolanda Hill**, M. D.  
**Aug 15, 1927** (Address) **4500 Olive St**

\*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 **Bellefontaine Cem**  
DATE OF BURIAL **Aug 17 1927**

20. UNDERTAKER **W. P. ...**  
ADDRESS

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

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.

