Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should give 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

Do not use this space.

30819

File No. 79

Registered No.

1927 26

1. PLACE OF DEATH
County: Lafayette
Township: Lexington
City: (No. ..... St. ..... Ward)
Registration District No. 461
Primary Registration District No. 3024

2. FULL NAME: Thad Gilmore

(a) Residence. No. ..... 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: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 15 1889

7. AGE: Years 38 | Months 7 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Higginsville
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Thad Gilmore
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Lafayette Co
(STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Susie Davis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Johnson Co
(STATE OR COUNTRY): Mo

14. INFORMANT: Susie Johnson
(Address): Lexington Mo

15. FILED: Oct 18 1927 J. D. Cope
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 17 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1927, to October 17, 1927, that I last saw ..... alive on Oct. 16, 1927, and that death occurred, on the date stated above, at 2:15 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
1401
(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY): Alcoholic Insanity
Chronic (duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? St Louis, Mo
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? No
(Signed) J. C. D. Ball M. D
Oct 19, 1927 (Address) Lexington, Mo

*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: Lexington Mo
DATE OF BURIAL: Oct 19 1927

20. UNDERTAKER: Ernest Gregert
ADDRESS: Lexington