FEB 20 1928

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

Do not use this space. 282

1. PLACE OF DEATH
County Buchanan ~~Stoccoseph~~, Registration District No. 85 File No.
Township Primary Registration District No. 1001 Registered No. 91
City St. Joseph, (No. 2101 So. 4th. St. St. Ward)

2. FULL NAME Claude Melvin Gilpin
(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. 8 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan, 14, 1928

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	0	0	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Melvin Gilpin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Rae, Missouri
12. MAIDEN NAME OF MOTHER Agnes Rich
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.

14. INFORMANT Melvin Gilpin
(Address) 2101 So. 4th. St.

15. FILED JAN 23 1928, 19 John G. Itz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan, 22, 1928 19

17. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1928, to Jan 22, 1928 that I last saw h alive on , 19 , and that death occurred, on the date stated above, at 8.30 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Yellow Jaundice.
161-B
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 160
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Will W. Grow, M.D.
Jan. 23, 1928 (Address) Logan Bldg. St. Jos. 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 Amazonia, Missouri
DATE OF BURIAL Jan, 23, 1928

20. UNDERTAKER Walter Meierhoffer
ADDRESS 1302 Faraon St.

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.