

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

Do not use this space.

8-9546

1. PLACE OF DEATH

County Johnson
Township Warrington
City Warrensburg (No.) St. Ward)

Registration District No. 431
Primary Registration District No. 3023

File No.
Registered No.

2. FULL NAME Mary Jane Gillean

(a) Residence. No. 11215 W. Gay St. St. Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. - mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-25 1928

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

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to March 24, 1928 that I last saw her alive on March 24, 1928, and that death occurred, on the date stated above, at 9:30 A. M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-24-1837

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 90-4-1

Influenza (duration) yrs. mos. da. 11 B 110

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

CONTRIBUTORY (SECONDARY) Weakened due to age (duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) Warrensburg, Mo. (STATE OR COUNTRY) Ky.

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

10. NAME OF FATHER John Emerson

DID AN OPERATION PRECEDE DEATH? No DATE OF

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ky.

WAS THERE AN AUTOPSY?.....

12. MAIDEN NAME OF MOTHER Nancy Hobson

WHAT TEST CONFIRMED DIAGNOSIS Clinical (Signed) L. J. Schaefer, M. D.

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

(Address) Warrensburg, 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.

14. INFORMANT (Address) John Emerson
Warrensburg

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sunset Hill DATE OF BURIAL Mar 27 1928

15. FILED 3-26-28 Wm R. Patterson REGISTRAR

20. UNDERTAKER Sweeney-Gore & Co ADDRESS Warrensburg Missouri

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.

1928

