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

Do not use this space.

19682

JUL 10 1928

1. PLACE OF DEATH
County Vernon — Registration District No. 875
Township Washington — Primary Registration District No. 6162
City ~~Nevada~~ (No. ..... St. ..... Ward)

File No. .....
Registered No. 138

2. FULL NAME Robt. A. Gillespie M.D.
(a) Residence. No. State Hospital #3 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. 9 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar 17 - 1865

7. AGE: ~~63~~ Years: 63 Months: 2 Days: 11 ~~12~~ If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Physician & farmer
(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): Napoleon Mo.

PARENTS
10. NAME OF FATHER: Robt C. Gillespie
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): not known
12. MAIDEN NAME OF MOTHER: Emma V. Handley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Not known

14. INFORMANT: Handley H. Gillespie - D.D.S.
(Address) 612 Bryant Bldg. K.C.M.

15. FILED 6-6 1928 E. A. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 29 1928

17. I HEREBY CERTIFY, That I attended deceased from May 8, 1928, to May 29, 1928 that I last saw him alive on ....., 1928, and that death occurred, on the date stated above, at 7 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Manic Depressive Psychoses
84 77
..... (duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (SECONDARY): Manical exhaustion
..... (duration) ..... yrs. ..... mos. 20 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? res.
O DID AN OPERATION PRECEDE DEATH? no. DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. J. O'Dell, M.D.
May 29, 1928 (Address) Nevada 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: Kansas City Mo — DATE OF BURIAL: May 31 1928

20. UNDERTAKER: Very Funeral Home — ADDRESS: Nevada Mo

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.