

JUL 26 1928

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

Do not use this space.

21194

1. PLACE OF DEATH
County Livingston,
Township Monroe,
City..... (No.....)

Registration District No. 514 113
Primary Registration District No. Mo. 113

File No. 106
Registered No. 209
St. _____ Ward _____

2. FULL NAME Elmia Gilliland,

(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 Female, 4. COLOR OR RACE White, 5. ~~SEX~~ MARRIED, ~~Widow~~ Married,
Divorced (write the word)

5A. If MARRIED, ~~Widow~~ Widow
(or) WIFE OF Geo. Gilliland,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July, -27-1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
58 10 15

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

9. BIRTHPLACE (CITY OR TOWN) Livingston County,
(STATE OR COUNTRY) Mo.,

10. NAME OF FATHER Richard Critchfield,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Mo.,

12. MAIDEN NAME OF MOTHER Rebecca Cople,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Ills.,

14. INFORMANT Geo. Gilliland,
(Address) Widow, 220.

15. FILED 6/13, 1928 Geo. Moore
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 12 1928

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1927 to June 12, 1928
that I last saw h. e. l. alive on June 12, 1928, and that death occurred, on the date stated above, at 8 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Liver & Gallbladder

44 B 3
(duration) yrs. mos. ds.

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

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

DID AN OPERATION PRECEDE DEATH. No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) Geo. Moore, M. D.
June 12, 1928 (Address) St. Louis 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 Monroe Cemetery, DATE OF BURIAL June 14th 1928

20. UNDERTAKER E. P. Michael-Prayme, ADDRESS _____

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.

WHILE FULFILLING DUTY, WITH UNFADING INTEREST THIS IS A PERMANENT RECORD

