30 1928

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

Do not use this space.

31079

**1. PLACE OF DEATH**

County Marion — Registration District No. 541 — File No.

Township Marion — Primary Registration District No. 3029 — Registered No. 251

City Hannibal (No. 453 S. 6th St. 3 Ward)

**2. FULL NAME** Baby (Miller) Gillis

(a) Residence. No. 453 S. 6th St., 3 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word):

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-15-28

7. AGE: Years — Months — Days — If LESS than 1 day, 7 hrs. or ___ min.

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

9. BIRTHPLACE (CITY OR TOWN) Hannibal (STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Oney Miller
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hannibal (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Ethel Gillis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Hannibal (STATE OR COUNTRY) Mo.

14. INFORMANT Mrs. Gillis (Address) Hannibal Mo

15. FILED 9/17, 1928 C. E. Strode M.M. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-15- 1928

17. I HEREBY CERTIFY, That I attended deceased from 9-15-1928 to 9-15-1928, that I last saw h. 1 m. alive on 9-15-28, 1928, and that death occurred, on the date stated above, at 7:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature
(duration) yrs. mos. 1/4 ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. Hardesty, M. D
, 19 (Address) Hannibal 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: Mt Olivet Cemetery — DATE OF BURIAL: 9-16-1928

20. UNDERTAKER: James O'Donnell — ADDRESS: Hannibal 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.