

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

Do not use this space.

1391

1. PLACE OF DEATH

County Jackson
Township Clall
City Independence (No. Jackson Co)

Registration District No. 398
Primary Registration District No. 3019

File No.
Registered No. 28
St. Ward)

2. FULL NAME

(a) Residence. No. 206 E. White oak St. Ward.

(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m. 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 4 - 1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
55 5 20

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Jackson Co
(STATE OR COUNTRY) mo

PARENTS

10. NAME OF FATHER Martin Gillis

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

12. MAIDEN NAME OF MOTHER Matilda Black

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

14. INFORMANT Martin Gillis
(Address) Independence Mo.

15. FILED 1-30-29 F. L. Cook
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 24 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1928, to Jan 24, 1929
that I last saw him alive on Jan 22, 1929, and that death occurred, on the date stated above, at 6 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Insufficiency
92 A
Unk (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) NO (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED NO

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam

(Signed) T. W. Booker, M. D.

(Address) 212 E. 2nd St.

*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 Woodlawn Cem. DATE OF BURIAL Jan 26 1929

20. UNDERTAKER H. L. Bowers ADDRESS Indy. 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.

PRINTED, WITH UNFADING INK—THIS IS A PERMANENT RECORD

