FEB 23 1929

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

Do not use this space.

3056

1. PLACE OF DEATH
County Rall Co
Township Saverton
City Saverton (No. ..., Rall Co St. ... Ward)
Registration District No. 724
Primary Registration District No. 5958
File No.
Registered No. 9 2

2. FULL NAME Joseph Gillum
(a) Residence. No. Saverton Mo 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amanda Gillum
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1865 - day or month not known
7. AGE Years about 64 | Months not known | Days not known | If LESS than 1 day, ... hrs. or ... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work 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) Kentucky
PARENTS
10. NAME OF FATHER Ben Gillum
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) England
12. MAIDEN NAME OF MOTHER Martha Campbell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Scottland
14. INFORMANT Mrs. Amanda Gillum (Address) Saverton Mo.
15. FILED 1-20, 1929 H. J. Powell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-11- 1929
17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 10 30 p.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
1A Pneumonia
(duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (SECONDARY) Influenza
(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? no
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) G. Hulse Coroner of Rails County
1-12-, 1929 (Address) Center 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 Marble Creek Cem
DATE OF BURIAL 1/15 1929
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.