APR 24 1929

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

Do not use this space.

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1. PLACE OF DEATH

County: Clinton — Registration District No.: 104 — File No.: 17

Township: Clinton — Primary Registration District No.: 5287 — Registered No.: 7

City: Holt Mo. (No. ..... St. ..... Ward)

2. FULL NAME: Jane Gillespie

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

Length of residence in city or town where death occurred 17 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. 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): 6-15-1856

7. AGE: Years 72 — Months 8 — Days 0 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

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9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. C.

2

PARENTS

10. NAME OF FATHER: William Gillespie

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): N. C.

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12. MAIDEN NAME OF MOTHER: Mary Hoover

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): N. C.

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14. INFORMANT (Address): Mrs. Jasper McCamus, Holt Mo.

15. FILED 2/27/1929 — [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): 2-15-1929

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 ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy was found dead in bed

not more than 5 or 6 Hours (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): —

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? no. DATE OF .....

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? Inquest Coroner

(Signed) John Kay Clinton Co. M.D.

Feb 24 1929 (Address) Perrin 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: Muddy Fork — DATE OF BURIAL: 2-16 1929

20. UNDERTAKER: Marvin Hessel — ADDRESS: Kearney 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.