JUN 28 1929

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

Do not use this space.

19209

1. PLACE OF DEATH
County St Francois — Registration District No. 773 — File No.
Township " — Primary Registration District No. 6018A — Registered No. 82
City (No. St. Ward)

2. FULL NAME R. Clark Gillham
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mariah E. Rice Gillham

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 18, 1843

7. AGE: Years 85 — Months 4 — Days 21 — 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): Illinois

PARENTS
10. NAME OF FATHER: Rev. John Gillham
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Alton, Ill
12. MAIDEN NAME OF MOTHER: Frances E. Warren
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): White Co, Ill

14. INFORMANT (Address): John Gillham

15. FILED May 12 1929 B. J. Robinson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 11 1929

17. I HEREBY CERTIFY, That I attended deceased from Apr 20, 1929, to May 10, 1929, that I last saw him alive on May 1, 1929, and that death occurred, on the date stated above, at 2:10 p m.

13D 97 THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Arterio Sclerosis
Myocarditis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 90B
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Same
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Obvious
(Signed) Rappaling, M. D
May 11, 1929 (Address) Tonsington 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: Enfield, Illinois — DATE OF BURIAL: 5-13 1929

20. UNDERTAKER: Neidert Und Co — ADDRESS: Fyton, 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.

[illegible] WITH UNFADING INK—THIS IS A PERMANENT RECORD