

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

Do not use this space.

8704

1. PLACE OF DEATH

County Jackson

Registration District No. 3-9-9

File No.

Township Law

Primary Registration District No. 1-2-2

Registered No. 1081

City Kansas City (No. St. Huber Hospital) St. 1081 (Ward)

2. FULL NAME

Edward Hall Gill

(a) Residence. No. 4906 Michigan St. Ward. 15

(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 Mrs Nettie C. Gill

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 2 1855

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	74	5	8	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond, Va

10. NAME OF FATHER Washington Gill

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

12. MAIDEN NAME OF MOTHER Mary Eliz. Davies

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

14. INFORMANT (Address) Edw H. Gill, Jr
4900 Michigan

15. FILED 3/11 19 30 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/10/30 19

17. I HEREBY CERTIFY, That I attended deceased from 3/8, 1930 to 3/10/30, 1930 that I last saw him alive on 3/10/30, 1930, and that death occurred, on the date stated above, at 10:20 p. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic Myocarditis
Chronic nephritis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) prostatic obstruction
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 129A 131
IF NOT AT PLACE OF DEATH. 930

19. DID AN OPERATION PRECEDE DEATH? No DATE OF 13/7

WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS Dr. J. Brown M. D.
3/11 1930 (Address) 1808 3rd Res Bank Bldg

*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 Forest Hill DATE OF BURIAL 3/12/30

20. UNDERTAKER Fussman Mortuary ADDRESS 104 W. 47. St. 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.

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