

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

Do not use this space.

MAY 27 1930

13321

1. PLACE OF DEATH

County Marion Registration District No. 547
 Township _____ Primary Registration District No. 3029
 City Hannibal (No. 2800 McKinley St.) St. _____ Ward _____

File No. 75

Registered No. 95

St. _____ Ward _____

2. FULL NAME

Maud Temperance Gilmore
 (a) Residence No. 2800 McKinley St. Ward _____ (If nonresident, give city or town and State)
 (Usual place of abode)
 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 11 1930

5A. IF MARRIED, WIDOWED, OR DIVORCED

17. I HEREBY CERTIFY, That I attended deceased from 3-21

HUSBAND OF D. E. Gilmore
(OR) WIFE OF

1930, to 4-11, 1930

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 27-1883

that I last saw h. alive on 4-11, 1930, and that death occurred, on the date stated above, at 12:30 A. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
46 6 14

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary tuberculosis

8. OCCUPATION OF DECEASED

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

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Maryville
 (STATE OR COUNTRY) Mo.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

10. NAME OF FATHER Joseph Whitlock

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

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

WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER Georgetta Smith

WHAT TEST CONFIRMED DIAGNOSIS? X-ray - Sputum

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

(Signed) Howard B. Goodrich, M. D.

4-11 1930 (Address) Hannibal 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.

14. INFORMANT D. E. Gilmore
 (Address) Hannibal Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Harber Mo

DATE OF BURIAL ? ? 1930

15. April 11, 1930 E. Cousins
 REGISTRAR

20. UNDERTAKER H. C. Granger, Padonia, 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.

4-18

