

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

Do not use this space.

17233

**1. PLACE OF DEATH**

County Lewis  
Township Central  
City Green Co. (No. 8137 Albin Ave)

Registration District No. 789  
Primary Registration District No. 6033B

File No. ....  
Registered No. 151  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 8137 Albin Ave 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Gillespie

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 6, 1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
85 1 14

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.....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

10. NAME OF FATHER James M. Carlton

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

12. MAIDEN NAME OF MOTHER Julia Ashens

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

14. INFORMANT (Address) Mrs Charles G. Clark  
8137 Albin Ave

15. FILED 5/21 19 30 Green Bray, M.D. REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 20 1930

17. I HEREBY CERTIFY, That I attended deceased from May 1 1930 to May 20 1930 that I last saw her alive on May 20 1930 and that death occurred, on the date stated above, at 10:15 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
myocarditis  
chronic

CONTRIBUTORY (SECONDARY) chronic bronchitis  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 93C  
IF NOT AT PLACE OF DEATH 102B

DID AN OPERATION PRECEDE DEATH? no DATE OF no

WHAT TEST CONFIRMED DIAGNOSIS? General findings  
H.M. Cooley

(Signed) H.M. Cooley, M. D.  
5/21 1930 (Address) Wester Grove 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 Albany Cemetery DATE OF BURIAL May 27 1930

20. UNDERTAKER Walter L. W. Co ADDRESS 2707 N. Grand

Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. N. B.—Every item of information should be carefully supplied. AGE shown.

1000