OCT 28 1930

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

Do not use this space.

29110

1. PLACE OF DEATH
County Boone
Township
City Columbia (No. St. Ward)

Registration District No. 73
Primary Registration District No. 3006

File No.
Registered No. ~~18~~ 125

2. FULL NAME James Dudley Gillaspy
(a) Residence. No. 615 Lee 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Rose Gillaspy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 23 1847

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
63	6	17	

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

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

PARENTS
10. NAME OF FATHER Dudley Gillaspy
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Madison Co
(STATE OR COUNTRY) Ky
12. MAIDEN NAME OF MOTHER Jane Shortridge
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Monroe Co.
(STATE OR COUNTRY) Mo.

14. INFORMANT Mrs J D Gillaspy
(Address) 615 Lee St

15. FILED 9-11, 1930 F C Suggett REGISTRAR by A Sollis

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 10 1930

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 2:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Haemorrhage
Dead when I arrived —
82A
(duration) yrs. 15 minutes mos. ds.

CONTRIBUTORY (SECONDARY) No data
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) F B Williamson, M. D.
9-11, 1930 (Address) Columbia 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: Bee Ridge Cemetery
DATE OF BURIAL: Sept 13 1930

20. UNDERTAKER: B. K. Baker
ADDRESS: Columbia

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.