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

Do not use this space.

31556

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 9170.

City St Louis (No. Missouri Baptist Hospital St. ..... Ward)

2. FULL NAME Addie B. Gilmore

(a) Residence. No. 4532 Washington St., Blvd Ward. 19
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George. Gilmore

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 6th 1858.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	71	10	17	

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) Kinmundy, Ill.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Col. James Booth.

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

12. MAIDEN NAME OF MOTHER Elizabeth Clark

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

14. INFORMANT James M. Gilmore
(Address) 4532 Washington Blvd

15. FILED 23, 19 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 23rd 1930

17. I HEREBY CERTIFY, That I attended deceased from 9-15-, 1930 to 9-23-, 1930 that I last saw her alive on 9-23-, 1930, and that death occurred, on the date stated above, at 12 30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis Chr
93 C
97
(duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis Gen
Hypertension (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? No
WHAT TEST CONFIRMED DIAGNOSIS? Finding
(Signed) R. L. Andrews, M. D.
9/23 - 1930 (Address) Way 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	DATE OF BURIAL
Kinmundy, Ill.	Sept 24 1930

20. UNDERTAKER	ADDRESS
C. R. Lupton	4449 Olive St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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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