DEC 22 1930

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

Do not use this space.
armstrong
35885

File No. 384
Registered No.

1. PLACE OF DEATH
County Greene
Township
City Springfield (No. 928 E. Garfield St. Ward)
Registration District No. 318
Primary Registration District No. 2001

2. FULL NAME Anderson H. Gilliland
(a) Residence. No. 928 E. Garfield 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 24 - 1844

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	86	0	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Laborer
(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) Ind.

PARENTS
10. NAME OF FATHER Joseph Gilliland
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ind.
12. MAIDEN NAME OF MOTHER Stephenson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

14. INFORMANT J. T. Gilliland
(Address) Springfield Mo.

15. FILED 11-24, 1930 Lon Sharp REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11 - 23 - 1930

17. I HEREBY CERTIFY, That I attended deceased from 11-1, 1930, to 11-23, 1930, that I last saw him alive on 11-22, 1930, and that death occurred, on the date stated above, at 6.30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho
Pneumonia
107A
162A (duration) yrs. mos. 4 ds.

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

18. WHERE WAS DISEASE CONTRACTED 100a
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H. F. Armstrong M. D.
11-24, 1930 (Address) Springfield 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	DATE OF BURIAL
Payne Cemetery	Nov 25 1930

20. UNDERTAKER	ADDRESS
J. W. Klingner & Co. 424 E. Cond	Springfield 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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