

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

Do not use this space.

39546

1. PLACE OF DEATH

County Jackson Registration District No. 39
 Township Kaw Primary Registration District No. 10
 City Kansas City (No. Broadlands Hotel, 104 W. Linwood St. 5 Ward)

File No. 3119
 Registered No. 3119

2. FULL NAME

M. Corson Gillham
 (a) Residence. No. Broadlands Hotel, 104 West Linwood 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

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 Lillie A. Gillham

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 10, 1852

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	78	6	10	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)..... New Jersey
 (STATE OR COUNTRY)

10. NAME OF FATHER John Gillham

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

12. MAIDEN NAME OF MOTHER Clarissa Corson

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

14. INFORMANT Mrs M. C. Gillham
 (Address) 104 West Linwood

15. FILED 1/21, 1930 M. M. Brown REGISTRAR
Ass

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from 12 18 1930, to 17 20 1930 that I last saw him alive on 12 19 1930 and that death occurred, on the date stated above, at 8 A. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Central Pneumonia
129 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Ephritis Hypertrophied
Postic reluteration yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. Broadlands Hotel

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

20. WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) Ralph M. Hallock, M. D.

1/21, 1930 (Address) 1137 Professional 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 Forest Hill Cemetery DATE OF BURIAL 12-22 1930

20. UNDERTAKER Stine & McClure ADDRESS 3235

William Plaza

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.

Dr. Ralph Holbrook
Professional Bldg.

Vi-4328

will come by