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

Do not use this space.

2684

FEB 1 1931

1. PLACE OF DEATH
County: St Francois — Registration District No. 775
Township: Perry — Primary Registration District No. 6070
City: Bonne Terre (No. ..... St. ..... Ward) — File No. ..... Registered No. 4

2. FULL NAME: Lavern Gilliam

(a) Residence. No. Bonne Terre, Mo. 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 18, 1929

7. AGE: Years 1 — Months 4 — Days 28 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Bonneterre
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Sherman Gilliam
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Washington
(STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Elvie Moeller
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Bonneterre
(STATE OR COUNTRY): Mo.

14. INFORMANT: Maurice Moeller
(Address): Bonne Terre, Mo.

15. FILED: 1/17, 1931 — T. G. Son, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 16 1931

17. I HEREBY CERTIFY, That I attended deceased (from Jan. 1, 1931, to Jan. 16, 1931, that I last saw her alive on Jan. 16, 1931, and that death occurred, on the date stated above, at 9-30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diphtheritic croup
16
(duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY (SECONDARY): —
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? At Home

DID AN OPERATION PRECEDE DEATH? No! DATE OF .....
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Examination

(Signed) Lee Turley, M. D.
1-16, 1931 (Address) Bonneterre 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: Leadwood Cemetery — DATE OF BURIAL: Jan. 18 1931
20. UNDERTAKER: P. J. Ward — ADDRESS: Bonneterre

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.