

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

6453

**1. PLACE OF DEATH**

County Newton  
Township Newho  
City          (No.         )

Registration District No. 604  
Primary Registration District No. 3808

File No. 17  
Registered No.           
St.          Ward         

**2. FULL NAME**

Edna Gillespie

(a) Residence No.          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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 10 1908</u>		
7. AGE YEARS <u>23</u>	MONTHS <u>0</u>	DAYS <u>8</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Laborer 237</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>State Road work</u> (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

10. NAME OF FATHER E. Gillespie

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

12. MAIDEN NAME OF MOTHER Elsa Kress

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

14. INFORMANT J. E. Gillespie  
(Address) Newho Mo

15. FILED 3/2 31 1931 C. E. Mays  
by          REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 28 1931

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

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Fracture skull caused by auto wreck on U.S. highway about 6 miles south of Newho (duration) yrs. mos. ds.

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

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

8 DID AN OPERATION PRECEDE DEATH?          DATE OF         

WAS THERE AN AUTOPSY?         

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) James Denton M. D.,  
Mar 1 1931 (Address) Granby 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 Osceola Missouri DATE OF BURIAL 3-1 1931

20. UNDERTAKER Behar's ADDRESS Newho

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. APR 25 1931

Dr. C. W. Dr.

Every item  
-in terms, so that it may be properly classified. Exact statement of OCCUPATION

1. Name

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.  
 County Newton Registration District No. 609 File No. ....  
 Township newsho Primary Registration District No. 3508 Registered No. 12  
 City ..... (No. ....) St. .... Ward)

2. FULL NAME Elmer Gillespie  
 (a) Residence. No. .... 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 10 - 1908

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>22</u>	<u>X</u>	<u>8</u>	<u>X</u>	<u>18</u>

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

10. NAME OF FATHER .....

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

12. MAIDEN NAME OF MOTHER .....

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

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 28 1931

17. I HEREBY CERTIFY, That I attended deceased from ..... to ..... that I last saw him alive on ....., 19....., and that death occurred, on the date stated above, at .....

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Fragile skull  
Crushed by auto wreck,  
on U.S. Highway  
He was riding in a touring car  
which ran into a truck which was  
parked beside the highway.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH..... DATE OF .....

19. PLACE OF BURIAL, CREMATION, OR REMOVAL ..... DATE OF BURIAL .....  
 20. UNDERTAKER ..... ADDRESS .....

**SUPPLEMENTARY**

N. B.—Every item of information on this certificate is important. CAUSE OF DEATH in plain terms, so that it may be precise. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW. INS should state OCCUPATION is very important.

14. INFORMANT (Address) .....  
 FILED 5/9 31 R. E. Mauser  
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL ..... DATE OF BURIAL .....  
 20. UNDERTAKER ..... ADDRESS .....

S-6453