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.

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

Do not use this space.

16062

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 4588

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

City St Louis (No. 2715 S. Compton St. ..... Ward)

2. FULL NAME Charles P. Gillespie

(a) Residence. No. 2715 S. Compton St. 17 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	Negro	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 21 1889

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	41	3	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work P.O. Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) 189
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Missouri 1

PARENTS

10. NAME OF FATHER Samuel Gillespie
11. BIRTHPLACE OF FATHER (CITY OR TOWN) 2
(STATE OR COUNTRY) Ala
12. MAIDEN NAME OF MOTHER Julia Brown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Miss.

14. INFORMANT Bessie M. Gillespie
(Address) 2715 S. Compton

15. FILED ..... 19.. Max C. Harkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 11th 1931

17. I HEREBY CERTIFY, That I attended deceased from Mch 3, 1931, to Apr 11th, 1931 that I last saw h— alive on Apr 11, 1931, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
110 3
110 13
93 H (duration) ..... yrs. 38 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Myocarditis acute
Pleurisy (duration) ..... yrs. ..... mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

108

(Signed) B. Thanklue, M. D.
4/14, 1931 (Address) 1514 So Jefferson

*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
St Peters	4/15 1931
20. UNDERTAKER	ADDRESS
A Russell Und Co	2732 Pine St

[illegible]
1514 [illegible]
Ave