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

Do not use this space.

22196

File No. .....

Registered No. 19

Registration District No. 603

Primary Registration District No. 4357

1. PLACE OF DEATH

County New Madrid

Township .....

City Morehouse (No. ..... St. ..... Ward)

2. FULL NAME R. J. Gillahan

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	white	Single Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 13. 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	59	6	14	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Mel hand 51

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Golden Pond

(STATE OR COUNTRY) Ky

PARENTS

10. NAME OF FATHER John Gillahan

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

12. MAIDEN NAME OF MOTHER Margaret Shoah

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

14. INFORMANT Pearl White
(Address) Morehouse Mo

15. FILED 6-28 1931 John T. Parman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 27 - 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar 25, 1931, to June 27, 1931 that I last saw him alive on June 27, 1931, and that death occurred, on the date stated above, at 11 P M m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Penis

5 1/2 mos (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? .....

IF NOT AT PLACE OF DEATH? .....

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J. H. Dunaway M. D.

6-28, 1931 (Address) Morehouse 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
Dixon Mo	6-28 1931

20. UNDERTAKER	ADDRESS
John T. Parman	Morehouse

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.