

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.

34408

4122

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Jean Primary Registration District No. _____
City Kansas City (No. 2962 Jackson) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME Wellington Gill

(a) Residence, No. 2962 Jackson St. 14 Ward _____
(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. (If nonresident, give city or town and State)

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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
65 10 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Window Washer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME William R. Gill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Mary Ann White

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Mrs. Fay Gill (ADDRESS) 2962 Jackson

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moral DATE Oct. 10 1931

19. UNDERTAKER John J. Sheehan (ADDRESS) 4316 Bryant

20. FILED 10/10 1931 M. M. Grawe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-8-31

22. I HEREBY CERTIFY That I attended deceased from _____ 19____, to _____ 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Brain Tumor
Malignant
53
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis autopsy Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) Wesley M. Bell, M. D.
(Address) Physician 117 Jackson

