

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

Do not use this space.

38177  
8

**1. PLACE OF DEATH**

County Lawrence Registration District No. 471  
Township Peoria Primary Registration District No. 4284  
City Peoria City, Mo. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 31

**2. FULL NAME**

Fidelia Victoria Gillev

(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 43 yrs. 1 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS.**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15 - 1853  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
78 1 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work.  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 60

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

13. NAME William Patterson

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

15. MAIDEN NAME Peninah Page

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

17. INFORMANT Mrs Maude George

18. BURIAL, CREMATION, OR REMOVAL City Cemetery DATE Nov 21 1937

19. UNDERTAKER Wesley Dr

20. FILED 11/3 1937 H. H. Clark Registrar.

**MEDICAL CERTIFICATE OF DEATH**

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1888, 1918, to Nov 2, 1937.  
I last saw him alive on Oct 31, 1937. Death is said to have occurred on the date stated above, at 5:15 a.m.  
The principal cause of death and related causes of importance were as follows:

Hemorrhage - right upper lung, a heart summary  
95 B  
93 C  
111 B 92 A  
Other contributory causes of importance: Chronic myocarditis

Date of onset \_\_\_\_\_  
? \_\_\_\_\_

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Phys. & Pathol. Was there an autopsy? no

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? no  
If so, specify \_\_\_\_\_  
(Signed) H. P. Clark, M. D.  
(Address) Peoria City, Mo

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE YEAR WITH UNFADING INK--THIS IS A PERMANENT RECORD

