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

Do not use this space.

40131

File No. .....
Registered No. 34

1. PLACE OF DEATH
County Boone Registration District No. 71
Township Cedar Primary Registration District No. 5110A
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Hattie Gilmore

(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.

JAN 20 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-10-1914

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
17	4	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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 COUNTY) Boone County Missouri

FATHER
13. NAME Miner Gilmore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Boone County Missouri

MOTHER
15. MAIDEN NAME Cassie Stearns
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Boone County Missouri

17. INFORMANT (ADDRESS) Cassie Gilmore Boone County Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Log Providence Boone County Mo. DATE 12-16-1931

19. UNDERTAKER (ADDRESS) Stuart P. Parker Columbia, Mo.

20. FILED Dec 10 1931 A. L. Nichols Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-13, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 7-, 1931, to Dec-13, 1931
I last saw her alive on Dec-8, 1931. Death is said to have occurred on the date stated above, at 9 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance:	

Name of operation none Date of .....
What test confirmed diagnosis? Clinical 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) Finis Suggett, M. D.
(Address) Columbia

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD