

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

Do not use this space.

1. PLACE OF DEATH

49 County Jackson Registration District No. 409 File No. 5093
 Townshp Joplin Primary Registration District No. 4297 Registered No. 3
 City Carthage Mo (No. 5561B) St. _____ Ward _____

2. FULL NAME Mrs Cora Gillian

(a) Residence, No. R. F. D. #1 St. _____ 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 30 1867</u>		
7. AGE	YEARS	MONTHS
<u>64</u>	<u>3</u>	<u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>339</u>		
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) <u>Kentucky</u> <u>2</u>		
13. NAME <u>Hiram Stephens</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont Know</u> <u>31</u>		
15. MAIDEN NAME <u>Angeline Hinke</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont Know</u>		
17. INFORMANT <u>Dewey Gillian</u> (ADDRESS) <u>Carthage Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hornet Mo</u> DATE <u>Feb 10</u> <u>32</u>		
19. UNDERTAKER <u>Steele and Co</u> (ADDRESS) <u>Well City Mo</u>		
20. FILED <u>2-14</u> 19 <u>32</u> <u>WRB addie</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7/8/29, 1929 to 2/13/32, 1932.
 I last saw him alive on 4/13/32, 1932. Death is said to have occurred on the date stated above, at 9.15 a m.
 The principal cause of death and related causes of importance were as follows:
Valvular Heart Disease
 Other contributory causes of importance:
Chloroform
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Chloroform Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? 0 Date of injury 0, 1932
 Where did injury occur? 0 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. 0
 Manner of injury 0
 Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) W. K. Gadsden, M. D.
 (Address) Carthage Mo

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. MAR 23 1932

