

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

Do not use this space.

8046

1. PLACE OF DEATH
 39 County GREENE Registration District No. 317
 2 Township REPUBLIC Primary Registration District No. 4122
 6 City REPUBLIC (No. St. Ward)

2. FULL NAME THOMAS J. MCGILL
 (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 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 HUSBAND OF SARAH HOLLAND		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAR. 16 1846		
7. AGE	YEARS 85	MONTHS 11
	DAYS 21	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retire farmer	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. FARMER	
	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) MISSOURI 1		
FATHER	13. NAME JOHN MCGILL	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENNESSEE 2	
MOTHER	15. MAIDEN NAME? DONT KNOW	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DONT KNOW 31	
17. INFORMANT Mrs. Andrew Campbell (ADDRESS) Republic mo.		
18. BURIAL, CREMATION, OR REMOVAL PLACE burial Chapel DATE 2/9		
19. UNDERTAKER R. H. Harrison (ADDRESS) Republic mo.		
20. FILED 3/8 19 32 W. W. Shove Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb-7- 1932**

22. I HEREBY CERTIFY, That I attended deceased from **Nov 23**, 1931, to **March 7-**, 1932
 I last saw him alive on **March 6**, 1932. Death is said to have occurred on the date stated above, at **4:35 a.m.**
 The principal cause of death and related causes of importance were as follows:
 Date of onset
Carcinoma of liver 4/6/23-31
4600 97
 Other contributory causes of importance: **Arteriosclerosis 1930**
 Name of operation **none** Date of

What test confirmed diagnosis? **Chemical** Was there an autopsy? **no**

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

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) **E. M. LeCompte**, M. D.
 (Address) **Brookline Mo. 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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

