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

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.

JUN 21 1932

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

Do not use this space.

11897

1. PLACE OF DEATH

19 County Cass — Registration District No. 151 — File No.

Township Coldwater — Primary Registration District No. 4085 — Registered No. 4

4 City Drexel (No. , St. Ward)

3 2. FULL NAME Francis Marion Gilliam

(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 M — 4. COLOR OR RACE Wh — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-8-1843.

7. AGE YEARS 88 MONTHS 6 DAYS 8 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

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) 17 yrs ago. — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott Co. Va. 2

FATHER

13. NAME Absolem Gilliam

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known. 31

MOTHER

15. MAIDEN NAME Nancy Fields

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va. 2

17. INFORMANT (ADDRESS) Donia Gilliam Drexel Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sharon Cem. DATE Apr-18, 1932

19. UNDERTAKER (ADDRESS) J. B. Hays Drexel Mo

20. FILED Apr-18, 1932 John S. Bundy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr-16-, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1932, to April 16, 1932

I last saw him alive on April 16, 1932. Death is said to have occurred on the date stated above, at 8:00 P.m.

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

Acute Pyelitis — Date of onset 4/11/32

133 A
142 133

Other contributory causes of importance: Senility. (1)

Name of operation None — Date of

What test confirmed diagnosis? — 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? No

If so, specify

(Signed) Basil O. Hartwell, M. D.

(Address) Drexel, Mo.