

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.

MAY 3 4 1932

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

Do not use this space.

12300

1. PLACE OF DEATH  
 39 County Greene Registration District No. 323  
 Township Murray Primary Registration District No. 5448  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME James B. Gilmore  
 (a) Residence, No. R F D 3, Willard St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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 Abbie Gilmore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 17, 1852

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>79</u>	<u>6</u>	<u>16</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) \_\_\_\_\_ 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene Co., Mo 1

FATHER

13. NAME Sterling Gilmore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee 2

MOTHER

15. MAIDEN NAME Nancy Buckner

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

17. INFORMANT W S Gilmore, R. 3, Willard  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Wesleys Cemetery April 6, 1932

19. UNDERTAKER Greenwade Undertaking Co  
 (ADDRESS) Willard

20. FILED 4-5 19 32 E. H. Greenwade  
 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/2/32, 19

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1931, to 2/2/32, 19  
 I last saw ~~him~~ alive on 4/3/32, 19. Death is said to have occurred on the date stated above, at 5:45 m. P.M.  
 The principal cause of death and related causes of importance were as follows:  
Arteriosclerosis  
133A  
97  
162  
 Other contributory causes of importance:  
age and Nephritis D  
 Date of onset \_\_\_\_\_

Name of operation 132 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) J. B. McDaniel, M. D.  
 (Address) Willard Mo

