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 31

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

Do not use this space.

15065

1. PLACE OF DEATH 106 County Taney — Registration District No. 859 — File No. 17

Township Oliver — Primary Registration District No. 6130 — Registered No.

City Hollister (No. ..... St. ..... Ward)

2. FULL NAME Ronald Dean Gilliland

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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 M — 4. COLOR OR RACE W — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10 39

7. AGE — YEARS 0 — MONTHS 9 — DAYS 20. — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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 COUNTRY) Harrison Ark.

FATHER

13. NAME J. H. Gilliland

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

MOTHER

15. MAIDEN NAME Mary M. Wilder.

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

17. INFORMANT (ADDRESS) J. H. Gilliland Branson Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Branson DATE 5/1 1932

19. UNDERTAKER (ADDRESS) R. O. Whelchel

20. FILED 4-30 1932 J. A. Thornhill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/30 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-7- 1932, to 4/30 1932

I last saw him alive on 4/30 1932 Death is said to have occurred on the date stated above, at 7 45 A.m.

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

Unable to retain food
High Temperature
Convulsions

Date of onset

Other contributory causes of importance:
weak and frail since birth

Name of operation ..... 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) C. R. Martin, M. D.

(Address) Branson, Mo.