

MISCELLANEOUS BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

16001

1. PLACE OF DEATH

County Jackson
Township Blaine
City Independence (No. _____)

Registration District No. 398
Primary Registration District No. 3019

File No. _____
Registered No. 162 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1010 West Alton St., _____ Ward. _____

Length of residence in city or town where death occurred 16 yrs. 6 mos. — ds. How long in U. S., 72 yrs. 11 mos. 8 ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Jennie V. Gillette</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 26 - 1859</u>		
7. AGE YEARS <u>72</u>	MONTHS <u>11</u>	DAYS <u>8</u> IF LESS THAN 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u>	
	10. Date deceased last worked at this occupation (month and year) <u>None</u>	
11. Total time (years) spent in this occupation <u>None</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Richwood Ohio</u>		
FATHER	13. NAME <u>John Gillette Sr.</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hartford Conn.</u>	
MOTHER	15. MAIDEN NAME <u>Harrity Daniels</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Richwood Ohio</u>	
17. INFORMANT (ADDRESS) <u>Ella D. Gillette 1010 West Alton Independence Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lees Summit Mo.</u> DATE <u>May 8, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Ott & Mitchell Independence Mo.</u>		
20. FILED <u>May 5, 1932 J. L. Cook Registrar</u>		

2 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1932, to May 4, 1932.
I last saw him alive on May 4, 1932. Death is said to have occurred on the date stated above, at 4:00 m.
The principal cause of death and related causes of importance were as follows:
Angina Pectoris
with MI
and
10 years degeneration
Other contributory causes of importance:
Paralysis agitans
10 years degeneration

Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
none

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?
If so, specify none

(Signed) W. A. Allen M. D.
(Address) Independence Mo

Date of onset 5-3-32
Dr. Allen

are fully supplied. AGE should be stated EXACTLY. PHYSICIANS should state exactly the nature of OCCUPATION is very important.

MAY 22 1932

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