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.

AUG 27 1932

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

Do not use this space.

23804

1. PLACE OF DEATH

89 County Ray — Registration District No. 743 — File No.

Township F River — Primary Registration District No. 16237 — Registered No. 21

City Excelsior Springs (No. Excelsior Springs, Mo. St. ..... Ward)

2. FULL NAME John Milburn Van Gilder

(a) Residence, No. 1610 Valentine Rd. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode) K. C. Mo.

Length of residence in city or town where death occurred 5 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~~ Ida Belle Van Gilder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 23-1864

7. AGE: YEARS 68 — MONTHS 5 — DAYS 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) St. Joseph Illinois

FATHER

13. NAME Isaac Van Gilder
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME LaVina Girards
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs Decker

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Moriah Cem DATE July 12 1932

19. UNDERTAKER (ADDRESS) D W Newcomers Sons 2111 E 9th St. K. C. Mo.

20. FILED July 13, 1932 L E Ellis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-12, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-10, 1932, to 7-12, 1932

I last saw him alive on 7-10, 1932 Death is said to have occurred on the date stated above, at 5:20 p.m.

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

Myocarditis Acute — Date of onset 6-28-32

93C

Other contributory causes of importance: Chronic Myocarditis ?

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? ..... 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) J. E. Baird, M. D.

(Address) Excelsior Springs Mo