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

Do not use this space.

30757

1003

File No. 8433

Registered No.

1. PLACE OF DEATH

County St Louis — Registration District No.

Township — Primary Registration District No.

City St Louis (No. 3037 Lambdin ave St. Ward)

2. FULL NAME Hattie Gilmore

(a) Residence, No. 3037 Lambdin St., 10 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Colord
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 6 - 1910

7. AGE: YEARS 22 MONTHS 8 DAYS 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 235
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): Shelby Miss 2

FATHER

13. NAME: Ross Lee 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cannon Miss

MOTHER

15. MAIDEN NAME: Julia Heding
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tanientown Ala

17. INFORMANT (ADDRESS): Julia Lee 4433 N. Market St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Farther Dixon DATE 9-21 1932

19. UNDERTAKER (ADDRESS): C. Young 4400 Kennedy ave

20. FILED SEP 20 1932 19 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 18 at 10 30 am 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-14, 1932, to 9-18, 1932

I last saw her alive on 9-14, 1932 Death is said to have occurred on the date stated above, at 10 20 am

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

Date of onset

Bronchial Pneumonia 107A

Other contributory causes of importance: 107A

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) Thomas H Byar, M. D.

(Address) 2811 a Wash St

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.

...NET, WITH UNFADING INK--THIS IS A PERMANENT RECORD