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.

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

Do not use this space.

1. PLACE OF DEATH
County Pike
Township Ashley
City ..... (No. ..... St. ..... Ward)

Registration District No. 683
Primary Registration District No. 5911

File No. 41083
Registered No. .....

2. FULL NAME Susanna Witten Gillum

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (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: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 18 1852

7. AGE: YEARS 80 | MONTHS 8 | DAYS 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 46F
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 46C
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation 46E

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Cyrene Mo. 1

FATHER
13. NAME Kinza Witten 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia 2

MOTHER
15. MAIDEN NAME Anne McCulloch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Mrs. Jno. B. Kerr. Bowling Green Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Louisville Cemetery DATE 12-9-1932

19. UNDERTAKER (ADDRESS) Grace Bartshead Bowling Green, Mo

20. FILED 12-9, 1932 R. W. Hetherlin Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1932, to 12-7, 1932
I last saw her alive on 12-4, 1932. Death is said to have occurred on the date stated above, at 7.20 P.m.
The principal cause of death and related causes of importance were as follows:

Cancer of Bowels
probably Origin Pancreas
Metatis to Liver

Date of onset

Other contributory causes of importance:

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) J. N. Hilcoxen, M. D.
(Address) Bowling Green Mo