

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

Do not use this space.

**1. PLACE OF DEATH**

County Harrison  
Township Gilman  
City Gilman (No. \_\_\_\_\_)

Registration District No. 338  
Primary Registration District No. A201

File No. 1121  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 5-1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
86 3 23

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) State Ill.

13. NAME Went Kneass

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Went Kneass

15. MAIDEN NAME Went Kneass

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

17. INFORMANT Bernard Henderson  
(ADDRESS) Gilman City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pat Kearney DATE Jan 27-1933

19. UNDERTAKER W.D. Hines  
(ADDRESS) Gilman City Mo.

20. FILED 2/15 1933 J. Deiphane  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26, 1933

22. I HEREBY CERTIFY That I attended deceased from Dec 25, 1932 to Jan 26, 1933  
I last saw him alive on Jan 26, 1933 Death is said to have occurred on the date stated above, at 8 P.M.

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

Senility (old age) Date of onset Dec 1932  
Influenza  
Pneumonia 11/2

Other contributory causes of importance:  
Prostate Bladder trouble 11/2 40 yrs app.

Name of operation 187 Date of \_\_\_\_\_  
What test confirmed diagnosis? 187 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.P. Walker D.O.  
(Address) Gilman City Mo.

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.

1933

