

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

Do not use this space.

**25955**

**1. PLACE OF DEATH**  
 County Clay Registration District No. 198  
 Township F. Rivers Primary Registration District No. 5277A  
 City Moberly (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**  
Charley Mc Gill  
 (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) Married

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Mrs. J. M. Gill

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** Oct 4 - 1878

<b>7. AGE</b>	<b>YEARS</b>	<b>MONTHS</b>	<b>DAYS</b>	<b>If LESS than 1 day, hrs. or min.</b>
	<u>54</u>	<u>10</u>	<u>10</u>	

**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.** Mine

**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)** Mo

**MOTHER**

**FATHER**

**13. NAME** Jas Mc Gill

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Don't know

**15. MAIDEN NAME** Mrs. J. M. Gill

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Mo

**17. INFORMANT** James Mc Gill  
(ADDRESS)

**18. PLACE OF CREATION OR REMOVAL**  
 PLACE Richmond DATE Aug 14 1933

**19. UNDERTAKER (ADDRESS)** Wm. Jones

**20. FILED** Aug 14 1933 J. D. Crover  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Aug - 14 . 19 33

**22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.**  
 I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 12:20 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Arterio Sclerosis Date of onset \_\_\_\_\_  
92  
 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 \_\_\_\_\_  
 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) Katherine Wyong Corcoran  
 (Address) Liberty Clay Mo

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.

SEP 21 1933  
 SEP 26 1933

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1074-1878

NOV 1 5 1950