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

Do not use this space.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

SEP 26 1933

1. PLACE OF DEATH
74 County Nodaway Registration District No. 625 File No. 27172
9 Township ~~Polk~~ Primary Registration District No. 3031 Registered No. 83
City Maryville (No. .... St. .... Ward)

7 2. FULL NAME Samuel G. Gillam

(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: Emma Gillam

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 22, 1871

7. AGE: YEARS 62, MONTHS 3, DAYS 9. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banker & Loan Agent

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 ....

1 31

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

2

FATHER

13. NAME: Hachaliah Gillam ()

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind.

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MOTHER

15. MAIDEN NAME: Amelia Herzog

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. Y.

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17. INFORMANT: Forest Gillam (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE: Oak Hill DATE: Aug 3, 19 33

19. UNDERTAKER: Price Furniture Co. (ADDRESS): Maryville, Mo.

20. FILED: 8-01 19 33 Mamie Clardy, Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 1st, 19 33

22. I HEREBY CERTIFY, That I attended deceased from July 8th, 1933, to Aug 1, 1933. I last saw him alive on Aug 1, 1933. Death is said to have occurred on the date stated above, at 6:15pm

The principal cause of death and related causes of importance were as follows: Gastric [illegible] — Date of onset: July [illegible]

46

Other contributory causes of importance: Carcinoma of the stomach & liver — 3 mos.

Name of operation: None Date of ....

What test confirmed diagnosis? symptoms & laboratory 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) Chas. V. Martin, M. D.

(Address) Maryville, Mo.