

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

Do not use this space.

33511

1. PLACE OF DEATH

County *Johnson*  
Township  
City *Warrensburg* (No. ....)

Registration District No. *431*  
Primary Registration District No. *3023*

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME

*James Abel Gilliland*  
(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) *Widower*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Kittie C. Gilliland*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan - 4 - 1843*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
*90 9 15*

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

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) *Rose Hill Johnson Mo*

13. NAME *Geo. Gilliland*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Jennings*

15. MAIDEN NAME *Malissa Rice*

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

17. INFORMANT *Miss Emma Dean Gilliland*  
(ADDRESS) *Kansas City, Mo.*

18. BURIAL, CREMATION, OR REMOVAL  
PLACE *Surget Hill* DATE *Oct - 20 - 1938*

19. UNDERTAKER *Sweeney Phillips*  
(ADDRESS) *Warrensburg, Mo.*

20. FILED *Oct 19 1938* *Wm. H. Allen*  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct - 19 - 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 1 - 1938*, to *Oct 19 - 1938*

I last saw him alive on *Oct 9 - 1938*. Death is said

to have occurred on the date stated above, at *1:15* m.

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

*Pneumonia*  
*Oct 14 - 1938*

*108*  
*162*

Other contributory causes of importance:

*Senility*

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 *L. J. Schufeldt, M.D.*

(Signed) *L. J. Schufeldt*, M. D.

(Address) *Warrensburg MO*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. No number necessary supplied. AGE should be stated EXACTLY. PHYSICIANS should state

JAN 4 1939

... it may be ...

...  
...  
...  
...  
...

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Johnson  
Township Cherokee  
City Cherokee No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 431  
Primary Registration District No. 5023

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) w

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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)

13. NAME

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

15. MAIDEN NAME

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

INFORMANT (ADDRESS)

17. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_\_\_

19. UNDERTAKER (ADDRESS)

20. FILED \_\_\_\_\_ 19\_\_\_\_

*Wm. Patterson*  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19 1933

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Pneumonia  
Tuberculosis  
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) \_\_\_\_\_, M. D.

(Address) \_\_\_\_\_

SUPPLEMENTARY

REGISTRATION DISTRICTS ARE COMPLETED AS PRESCRIBED BY LAW. ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY. ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

115 23 511

RE

RE

S