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.

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

Do not use this space. 35776

85

1. PLACE OF DEATH

County Buchanan — Registration District No. — File No.

Township — Primary Registration District No. 0001 — Registered No. 1158

City St. Joseph, (No. 508 South 20th. St. Ward)

2. FULL NAME Joseph H. Gilpin,

(a) Residence, No. 508 South 20th. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 65 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 Bertha Gilpin,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 30, 1859

7. AGE: Years 74 — Months 0 — Days 25 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale Dry Goods,

10. Date deceased last worked at this occupation (month and year) November 1925

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Chester, Pennsylvania,

FATHER

13. NAME Gideon Gilpin,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Chester, Pennsylvania,

MOTHER

15. MAIDEN NAME Eliza C. Heyburn,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Chester, Pennsylvania

17. INFORMANT Mrs. Geo H. Gilpin (ADDRESS) 508 South 20th. Street.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Mora Cem. DATE Nov. 27, 1933

19. UNDERTAKER Heaton-McGee & Bowman (ADDRESS) 519 S. 10th. St. Funeral Home

20. FILED 11-26, 1933 John R. Bender Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25. 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1933 to Nov. 25, 1933

I last saw h alive on Nov. 25, 1933. Death is said to have occurred on the date stated above, at 6:30 p.m.

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

	Date of onset
Uraemia	Nov. 22
Cardiac insufficiency	
93C	
98B	
71A	

Other contributory causes of importance:

Fatty degeneration of heart and kidneys

Name of operation — Date of

What test confirmed diagnosis? 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) Faulkner Gleason, M. D.

(Address) 720½ Francis