FEB 27 1934

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

Do not use this space.

File No. 1822

Registered No. 11

1. PLACE OF DEATH

County: Livingston — Registration District No. 508

Township: — Primary Registration District No. 3026

City: Chillicothe (No. ..., ..., St. ..., Ward)

2. FULL NAME Richard Ross 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Berle Gill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-23-1903

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	31	9	26	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H-H Motor Co

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) Chillicothe Mo

FATHER

13. NAME Edward B. Gill

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

MOTHER

15. MAIDEN NAME Myrtle Smith

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

17. INFORMANT (ADDRESS) Ernest M. Gill Chillicothe Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Edgewood Cem DATE Jan 20-1934

19. UNDERTAKER (ADDRESS) Jas D. Gordon Chillicothe Mo

20. FILED Jan 22 1934 Donald H. Linnell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-18-1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1934, to Jan 18, 1934

I last saw him alive on Jan 18, 1934. Death is said to have occurred on the date stated above, at 1:40 a.m.

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

	Date of onset
Brain Hemorrhage (Cause Unknown)	Jan 18

Other contributory causes of importance: Spinal puncture - blood in spinal fluid - no meningitis organism. 2

Name of operation ... Date of ...

What test confirmed diagnosis? Spinal - puncture 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 None

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) R. H. Brennan, M. D.

(Address) Chillicothe Mo

1/20/34