MAR 24 1934

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

Do not use this space.

4656

File No.
Registered No. 3

1. PLACE OF DEATH
County Harrison
Registration District No. 335
Township Blythedale
Primary Registration District No. 4198
City (No. St. Ward)

2. FULL NAME Dean Gillespie

(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(or) WIFE OF~~ Sylvain Gillespie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5, 1903

7. AGE: Years 30 | Months 8 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stock & Grain
10. Date deceased last worked at this occupation (month and year) May, 1931
11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ridgeway Mo

FATHER
13. NAME Jas. Gillespie
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ridgeway Mo

MOTHER
15. MAIDEN NAME Mary Talley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomington Ind

17. INFORMANT (ADDRESS) Mrs Dean Gillespie Blythedale Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Blythedale DATE 2/27 1934

19. UNDERTAKER (ADDRESS) Ragan & Son Ridgeway Mo

20. FILED 2/27 1934 L. J. Caster Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25 1934

22. I HEREBY CERTIFY That I ~~attended deceased from~~ viewed the body, 19, to, 19.
I last saw h alive on, 19. Death is said to have occurred on the date stated above, at 9:30 am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic insufficiency	
92 A	

Other contributory causes of importance:

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?
If so, specify
(Signed) James P. Ragan Coroner
(Address) Ridgeway Mo

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.