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.

APR 25 1934

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

Do not use this space.

8952

1. PLACE OF DEATH

County Jackson — Registration District No. 329 — File No. 1148

Township Kaw — Primary Registration District No. 1 — Registered No. 1148

City Kansas City (No. St. Joseph Hospital St. Ward)

2. FULL NAME Newton C. Gillham

(a) Residence, No. 2746 Brooklyn St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): November 29, 1873

7. AGE: YEARS 60 — MONTHS 3 — DAYS 13 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Attorney
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): Missouri

FATHER

13. NAME: John Newton Gillham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

MOTHER

15. MAIDEN NAME: Jane Epler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): Walter C. Gillham, 3427 Bellefontaine

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Palestine Cemetery DATE: March 14, 1934

19. UNDERTAKER (ADDRESS): Sling & McClure, 3235 Gillham Plaza

20. FILED: Mch 13, 1934 M. M. Crowe, Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/12/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 8:10 m.

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

Fracture of Cervical Spine

Other contributory causes of importance: Pedestrian

Date of onset

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: 3/12/34

Where did injury occur? 28th & Brooklyn Kaw (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury: Struck by Motor Car

Nature of injury: Fracture

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ..... M.D.

(Address) .....