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.

JUN 25 1934

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

Do not use this space.

17551

1. PLACE OF DEATH
County Newton — Registration District No. 615 — File No.
Township Marion — Primary Registration District No. 5817 — Registered No. 12
City ..... (No. ..... St. ..... Ward)

2. FULL NAME James Eddie Gillmore
(a) Residence, No. ..... 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: X
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 20-1934
7. AGE: YEARS | MONTHS | DAYS | If LESS than 1 day, 18 hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Newton Co. Mo.

FATHER
13. NAME: James A. Gillmore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Newton Co. Mo.

MOTHER
15. MAIDEN NAME: Bessie V. Parker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arkansas

17. INFORMANT (ADDRESS): Albert Gillmore, Neosho Mo. R.5

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Kinney Cemetery DATE: May 21 1934

19. UNDERTAKER (ADDRESS): The family, Neosho Mo. Rt. 5

20. FILED: May 21 1934 U. S. Chapman, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 21 1934

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1934, to May 21, 1934
I last saw him alive on May 20, 1934. Death is said to have occurred on the date stated above, at 6 a m.
The principal cause of death and related causes of importance were as follows:

Failure of the Foramen aval to close. — Date of onset

1570

Other contributory causes of importance:

1570

Name of operation: none — Date of .....
What test confirmed diagnosis? none — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no — Date of injury no, 19.....
Where did injury occur? X (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: X
Nature of injury: X

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) R. F. Cheatham, M. D.
(Address) Diamond Mo.