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.

1. PLACE OF DEATH
County Butler — Registration District No. 88 — File No. 19623
Township Neely — Primary Registration District No. 5130 — Registered No. 21
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Franklin Gimlin
(a) Residence, No. ..... St., ..... Ward. Neelyville, Mo. R.F.D.
(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 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~~ Mandie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20, 1906

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 28 | 2 | 12 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Ripley Co., Mo.

FATHER
13. NAME William Gimlin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME Angeline Elliott
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisburg Illinois

17. INFORMANT (ADDRESS) Amos Gimlin Naylor, Mo. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL
PLACE McKenzie Cemetery DATE June 3, 1934

19. UNDERTAKER (ADDRESS) non affected

20. FILED 6/4, 1934 ~~H Everlett~~ R. L. Turner Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1934, to June 2, 1934
I last saw him alive on May 20, 1934. Death is said to have occurred on the date stated above, at 7:00 A.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Typhoid fever | April 10 1934 |
| 105 D | |
| 22 A | |

Other contributory causes of importance:
Bronchitis possibly pulmonary tuberculosis — May

Name of operation ✓ Date of
What test confirmed diagnosis? clinical 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) H Everlett, M. D.
(Address) Naylor Mo

Dr R. L. Turner
Hershey, Pa.