

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

Do not use this space.

DEC 21 1934

1. PLACE OF DEATH

County..... Vernon Registration District No. 875
 Township..... Primary Registration District No. 3039
 City..... Nevada (No., St. Ward)

File No. 41724
 Registered No. 229

2. FULL NAME Ralph Amasa Gillette

(a) Residence, No. 318 S. Pine 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 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 Carry Gillette

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 9th, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 2 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Popcorn Machine
 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) Rochester Mich.

13. NAME Lorenzo^o Gillette

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York State

15. MAIDEN NAME Sarah

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Painted Post, N.Y.

17. INFORMANT Mrs. Carry Gillette
 (ADDRESS) Nevada, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Newton Burial Park DATE Nov. 14th 1934

19. UNDERTAKER Eichinger Funeral Home
 (ADDRESS) Nevada, Mo.

20. FILED Nov. 13 1934 M. Eichinger
 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 7 1934, to Nov 12 1934.
 I last saw him alive on Nov 11 1934 Death is said to have occurred on the date stated above, at 8 1/2 m.
 The principal cause of death and related causes of importance were as follows:

Acute Lobes pneumonia Date of onset 11-8-34
53

Other contributory causes of importance:
Suppurative thyroid gland
Chronic uremia
Carcinoma skin (section taken) 9-10-34 7532
 Name of operation removal of prostate Date of 9-10-34
 What test confirmed diagnosis M.S.L. P.C. 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) M. D. M. D.
 (Address) Nevada, 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.

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