

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.

JAN 8 1935

## 1. PLACE OF DEATH

County JasperRegistration District No. 408Township CarthagePrimary Registration District No. 3020City Carthage(No. M. C. Cune-Brooks Hospital)File No. 43351Registered No.       Ward       2. FULL NAME Carl Eugene Gillum(a) Residence, No. 710(Usual place of abode) Michigan St.Ward       

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 39 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maryle Gillum6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30-1895

7. AGE

YEARS 39MONTHS 0DAYS 14

IF LESS than 1 day, .....hrs. or .....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver9. 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) Jasper Mo.13. NAME James W. Gillum14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.15. MAIDEN NAME Anna Lunsdown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.17. INFORMANT Mrs. C. E. Gillum(ADDRESS) Carthage Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oak HillDATE 12-16-193419. UNDERTAKER Wm. A. Brown(ADDRESS) Carthage Mo.20. FILED Dec. 16, 1934S. B. Colburn

Registrar.

## V. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 14, 193422. I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1934, to Dec. 15, 1934I last saw him alive on Dec. 13, 1934. Death is saidto have occurred on the date stated above, at 2155th.

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

Pneumonia, influenza left upper end lobar,

Date of onset

Dec. 1, 1934

Other contributory causes of importance:

Automobile accident followingAug. 1934Name of operation None Date of       What test confirmed diagnosis? See physical 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? See auto census

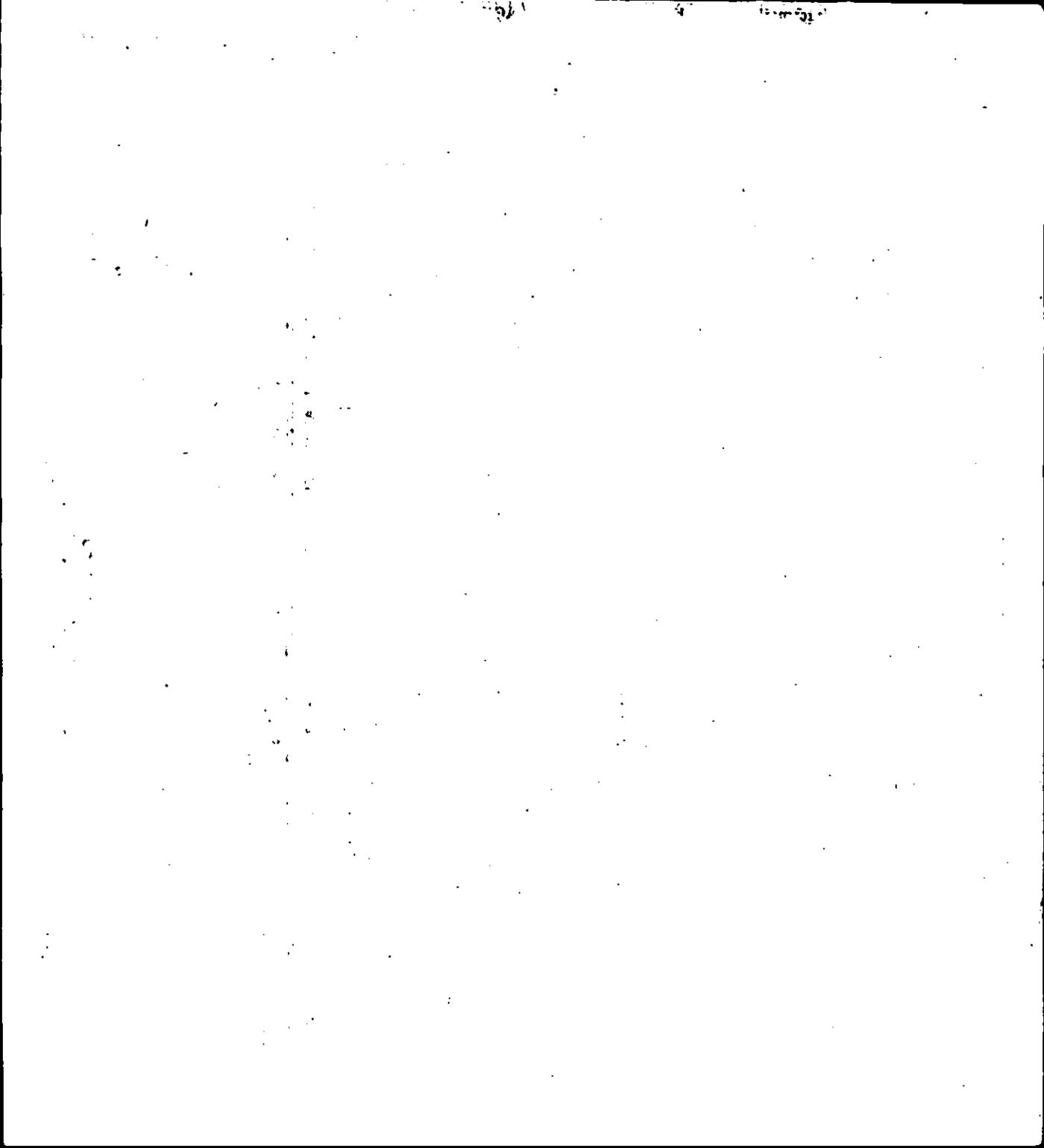
(Specify city or town, county, and State)

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? NoIf so, specify       (Signed) H. A. LaFare

, M. D.

(Address) Carthage Mo.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Jasper Registration District No. 408 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 3020 Registered No. \_\_\_\_\_  
 City \_\_\_\_\_ (No. McCune Brooks Hosp) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Carl Eugene Gellum

(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*) m  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) \_\_\_\_\_  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 39 0 14

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
 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) \_\_\_\_\_

FATHER  
 13. NAME \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

MOTHER  
 15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19 \_\_\_\_\_

19. UNDERTAKER (ADDRESS) \_\_\_\_\_

20. FILED Apr. 1 1935 L. B. Chilton Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Pneumonia influenza left upper & lower lobes  
spontaneous recovery following accident  
Such that deceased was driving  
collided with another car.  
 Other contributory causes of importance:  
Automobile accident some place in  
Illinois on Aug. 12, 1934. Had basal  
skull fracture. Fracture to 1st, 2nd & 3rd lumbar  
vertebrae left lateral spine.

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 \_\_\_\_\_, 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.  
 (Address) \_\_\_\_\_

**SUPPLEMENTARY**

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

JAN 3 0 1935

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