

APR 22 1935

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

Do not use this space.

9887

## 1. PLACE OF DEATH

County Missouri  
Township Jefferson  
City Jefferson (No. 1)

Registration District No. 566  
Primary Registration District No. 3030

File No. \_\_\_\_\_  
Registered No. 35  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. Harriet Maybelle Gillette St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) W. Naple

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John L. Gillette</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 4 1863</u>				
7. AGE	YEARS <u>71</u>	MONTHS <u>7</u>	DAYS <u>18</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>at home</u>			
	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) <u>Unciuses Indiana</u>				
FATHER	13. NAME <u>Unknown</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
MOTHER	15. MAIDEN NAME <u>Unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
17. INFORMANT (ADDRESS) <u>Thos. H. Brown</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bellevue</u> DATE <u>March 24 1935</u>				
19. UNDERTAKER (ADDRESS) <u>Frank Cain Funeral Service</u>				
20. FILE <u>Mar 24 1935</u> <u>Frank &amp; Bernin</u> Registrar				

## MEDICAL CERTIFICATE OF DEATH 11:20 P.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22 193522. I HEREBY CERTIFY, That I attended deceased from March 14, 1935, to March 22, 1935I last saw h. w alive on 3/21, 1935 Death is saidto have occurred on the date stated above, at 11:20 a.m.

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

Pulmonary Emphysema Date of onset  
following cerebral hemorrhage 10 days  
ago

Other contributory causes of importance:

Arteriosclerosis 1 yr

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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? no

If so, specify \_\_\_\_\_

(Signed) W. S. Love, M. D.  
(Address) Charleston, 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.

