

JUN 21 1935

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

Do not use this space.

19005

1. PLACE OF DEATH

County Ruchannon Registration District No. 85
Township St Joseph Primary Registration District No. 1001
City St Joseph (No. 1414 St 26)

File No. _____
Registered No. 630
St. _____ Ward _____

2. FULL NAME

William N. Gilson
(a) Residence, No. 1414 St 26 St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 23 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 Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 7th - 1863
7. AGE YEARS 72 MONTHS 2 DAYS 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bank
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Leather Co
10. Date deceased last worked at this occupation (month and year) 3 days 11. Total time (years) spent in this occupation 72

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Suburgon Maryland

13. NAME J N Gilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not stated

15. MAIDEN NAME Hornett Crapster

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Suburgon Maryland

17. INFORMANT Wm W N Gilson
(ADDRESS) 1414 St 26

18. BURIAL, CREMATION, OR REMOVAL PLACE Not stated DATE 6-13 1935

19. UNDERTAKER J L Stingley
(ADDRESS) St Joseph Mo

20. FILED JUN 13 1935 John K Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11th 1935
22. I HEREBY CERTIFY That I attended deceased from May 1 1935 to June 11 1935
I last saw him alive on June 11 1935 Death is said to have occurred on the date stated above, at 12:30 P m.

The principal cause of death and related causes of importance were as follows:
Angina Pectoris Date of onset June 1

Other contributory causes of importance:
Myocarditis (chronic) ?

Name of operation _____ Date of _____
What test confirmed diagnosis? Chemical 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) J L Stingley, M. D.
(Address) St Joseph Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

6-1443

6-1443