

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.

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

Do not use this space.

AUG 23 1935

1. PLACE OF DEATH

County St. Louis Registration District No. 190
 Township Central Primary Registration District No. 16033A
 City Clayton (No. St. Louis County Hospital St. _____ Ward _____)

File No. 24309
 Registered No. 206

2. FULL NAME

Jane Dolores Gilman
 (a) Residence, No. 9422 Edmund Drive, 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) child
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF --

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22 - 1935

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
 4 12 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil
 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) Clayton, MO

FATHER 13. NAME Leman Gilman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clavis MO

MOTHER 15. MAIDEN NAME Alice Linsford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clavis MO

17. INFORMANT (ADDRESS) Leman Gilman 9422 Edmund Drive

18. BURIAL, CREMATION, OR REMOVAL PLACE Farmington MO DATE 7-10-1935

19. UNDERTAKER (ADDRESS) Baumann Bros Inc Overland MO

20. FILED 7/9 1935 D. C. J. Squarrell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/8/1935 1935

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 10:05 PM
 The principal cause of death and related causes of importance were as follows:

Ileo-colitis
1192
 Other contributory causes of importance: Toxemia, dehydration.
Was cared for by Dr. Harry Coleman at Pattonville and sent to

Name of operation _____ Date of _____
 What test confirmed diagnosis? Coroner's view 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) J. B. Quinn _____, M. D.
 (Address) 3718 Juniper St.

Coroner St. Louis Co., MO

St. Louis County Hospital where she died
8 hours later.