

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

Do not use this space.

AUG 22 1935

25413

1. PLACE OF DEATH
 110 County *Washington* Registration District No. *885*
 Township *Belgrade* Primary Registration District No. *0183*
 City (No. St. Ward)
 2. FULL NAME *Dora May Gillam*
 (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.

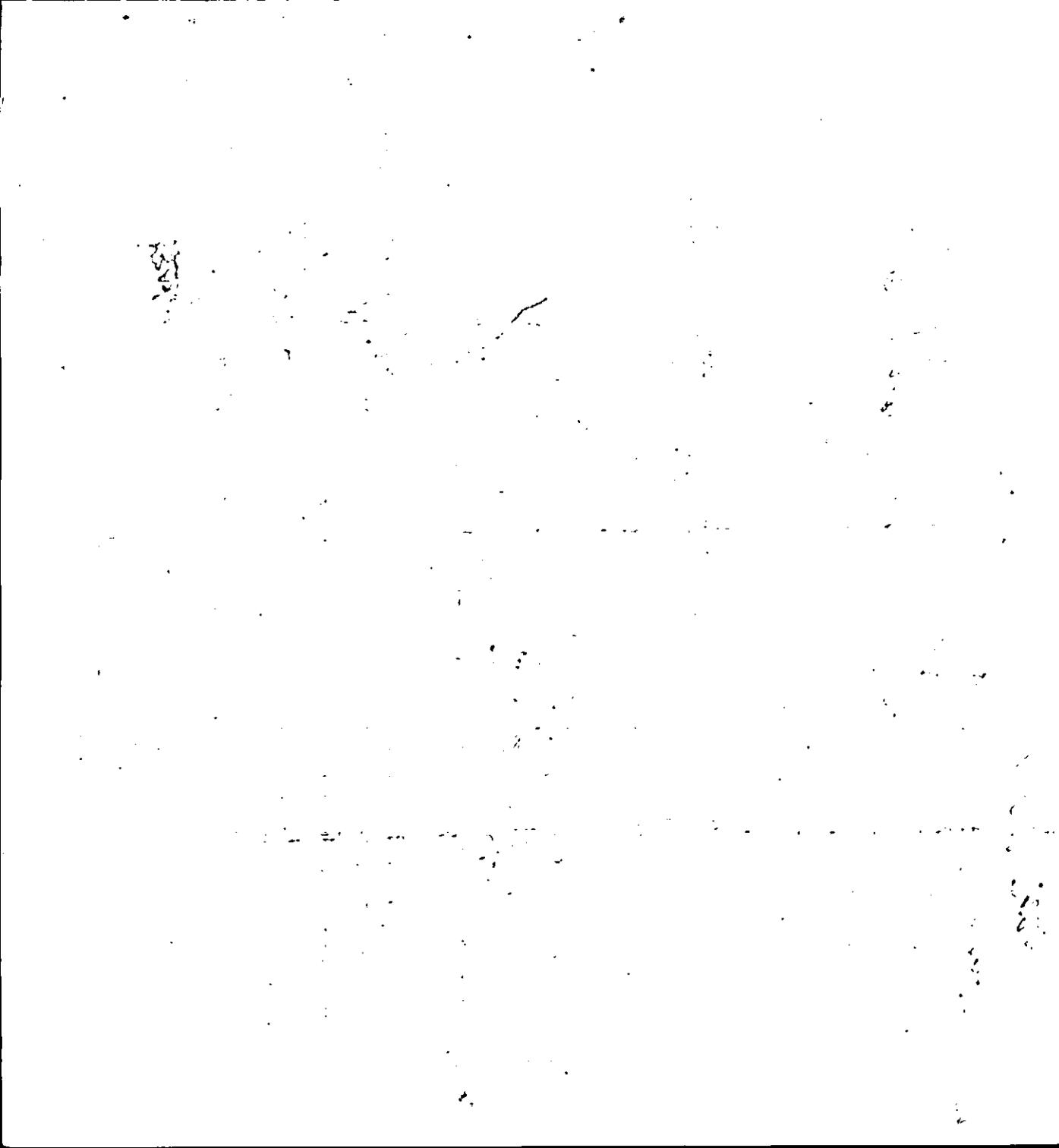
PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 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 *Charles Gillam*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 28-1912*
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
23. 2. 16-
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
 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) *Phony Arizona*
 MOTHER FATHER 13. NAME *Everett Tedder*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Belgrade*
 15. MAIDEN NAME *Fannie Stevens*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Latic, Mo*
 17. INFORMANT *Fannie Tedder* (ADDRESS) *Belgrade, Mo*
 18. BURIAL, CREMATION OR REMOVAL PLACE *Belgrade, Mo* DATE *July 15-1935*
 19. UNDERTAKER *Sparks & Sparks* (ADDRESS) *Belgrade, Mo*
 20. FILED *July 20, 1935* *Mrs. Ella White* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 14* 19*35*
 22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____.
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ a.m.
 The principal cause of death and related causes of importance were as follows:
Fell off truck
Broak spine to 7th vertebra
 Date of onset
 Other contributory causes of importance:
Crushed ribs chest from truck wheel
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (accident, fall, or homicide), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____.
 Where did injury occur? _____ (Specify city, town, county, and State)
 Specify whether injury occurred in industry, 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) *W. H. ...* (Address) *Bellevue County Health Dept. Belton, 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.



**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 Washington
Township Edgemoor
City (No. _____) _____ St. _____ Ward _____

Registration District No. 885-
Primary Registration District No. 6183

File No. _____
Registered No. 18-

2. FULL NAME

Dora May Gilliam

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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. of min. 23 2 16

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 July 20, 1935 Mrs Ella White Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ 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:

Fell of Truck from spine 6+7 vertebrae Date of onset _____

Other contributory causes of importances:

Crushed right chest from truck wheel

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violent) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury July 14, 1935

Where did injury occur? On County Road (Washington Co) (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Accident fall of truck platform

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) B F Crosswell, M. D.

(Address) Patosi mo

SEP 4 1935

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