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.

NOV 25 1935

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

Do not use this space.

33336

1. PLACE OF DEATH
County Marion — Registration District No. 547 — File No.
Township ~~Macon~~ — Primary Registration District No. 3079 — Registered No. 393
City Hannibal (No. 503 Church St. 3 Ward)

2. FULL NAME John Elmer Gillis
(a) Residence, No. 503 Church St., 3 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 30 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nola Parry Gillis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 18-1870
7. AGE: YEARS 65 MONTHS 3 DAYS 22 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: R.R. Dispatcher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: C. B & Q - R.R. Co.
10. Date deceased last worked at this occupation (month and year): Sept. 18-1935
11. Total time (years) spent in this occupation: 44 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cameron Mo

FATHER
13. NAME: Hiram Gillis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cameron Mo.

MOTHER
15. MAIDEN NAME: Ruth Harris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Nola Gillis Hannibal Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olivet Cem. DATE Oct. 12-35
19. UNDERTAKER (ADDRESS): Roy P. Schwartz Hannibal Mo.
20. FILED Oct 12, 1935 R. H. Sobster Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 10- 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept-18th, 1935, to Oct-10th, 1935
I last saw him alive on Oct-10th, 1935. Death is said to have occurred on the date stated above, at 1:55 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	10/8/35
82	

Other contributory causes of importance:
Cerebral thrombosis -

Name of operation: none Date of
What test confirmed diagnosis? Clinical 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. Hauten, M. D.
(Address) Hannibal - Mo.