

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

Do not use this space.

NOV 9 1935

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City.....

(No. Frisco 1st Wp)

File No. 34252

Registered No. 8676

St.

Ward)

2. FULL NAME E. O. Gillette

(a) Residence, No. 304 1/2 W. Morris St. N.R. 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. da.

yrs.

mos.

da.

How long in U. S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs E. O. Gillette		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/17/1876		
7. AGE YEARS 59	MONTHS 6	DAYS 28
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Switch Tender		11. Total time (years) spent in this occupation.....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Frisco R.R.		
10. Date deceased last worked at this occupation (month and year).....		

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

13. NAME Benjamin Gillette

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Susan Waltrip

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Mrs. Edwin Gillette

18. BURIAL, CREMATION, OR REMOVAL PLACE
Monette Mo DATE 10/18/35

19. UNDERTAKER Wray

20. FILE NO. 15 1935 4356 J. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-15-1935

22. I HEREBY CERTIFY, That I attended deceased from 9-25-1935 to 10-15-1935

I last saw him alive on 10-15-1935 Death is said

to have occurred on the date stated above, at 5:40 AM.

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

Labor Pneumonia & Chloroform Anesthesia

Carcinoma of sigmoid

Other contributory causes of importance: Intestinal Adhesions

Name of operation: Resection of Colon Date of 10-25-35

What test confirmed diagnosis? Was there an autopsy?

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 Hugh Haynes Jr., M. D.

(Signed) Hugh Haynes Jr.

(Address) 496 S. Laurel

