

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

Do not use this space.

38311

DEC 26 1935

1. PLACE OF DEATH

County Stoddard
Township Duck Creek
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 840
Primary Registration District No. 6102

File No. _____
Registered No. 54

2. FULL NAME

(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 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 Amanda Gillespie
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 12, 1850
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 85 1 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Mo.

13. NAME John A. Gillespie

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

15. MAIDEN NAME Arbigail A. Taylor

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

17. INFORMANT Vergie Lee Brown
(ADDRESS) R. 1, Staughton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Cem. DATE Nov 11, 1935

19. UNDERTAKER Dag & Day Und. Co.
(ADDRESS) Wasson, Mo.

20. FILED 11/13 1935 Wm. B. Hawks
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from June 1, 1930 to Nov 10, 1935
I last saw him alive on Nov 1, 1935 Death is said to have occurred on the date stated above, at 5:00 P. m.

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

Chronic Nephritis Date of onset 2.23.12
Other contributory causes of importance: 131

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) G. L. Johnson, M. D.
(Address) Wasson, 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.

