

MAR 16 1936

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

Do not use this space.

1. PLACE OF DEATH

County BooneRegistration District No. 73Township Columbia Mo.Primary Registration District No. 3006City Columbia Mo.
 File No. 4547
 Registered No. 24
 St. _____ Ward _____

2. FULL NAME

CARY Allen Gilmore(a) Residence, No. 211 S 10th 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

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

Maggie Roberts Gilmore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Nov. 17, 1901

7. AGE

YEARS

34

MONTHS

2

DAYS

14

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc.

Structural Iron worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Mt Vernon Bridge Co.

10. Date deceased last worked at this occupation (month and year)

Jan 193511. Total time (years) spent in this occupation 12

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

Howard Co Mo

13. NAME

Chas Henry Gilmore

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

Howard Co Mo

15. MAIDEN NAME

Lucy Ward

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

Boone Co Mo

17. INFORMANT (ADDRESS)

Mrs Archie Hice 211 S 10th St

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Franklin DATE Feb 2, 1936

19. UNDERTAKER (ADDRESS)

R. O. Willett Columbia, Mo.

20. FILED

2/1/1936 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Jan 28, 1936 to Jan 31, 1936I last saw him alive on Jan 31, 1936 Death is saidto have occurred on the date stated above, at 1:30 a.m.

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

July 28 Myocarditis Acute Non Obstructive

10/8

Other contributory causes of importance:

Myocarditis of left ventricle also large amount of myocardial necrosis

nope

Name of operation _____ Date of _____

What test confirmed diagnosis? O. M. I. Was there an autopsy? yes

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 Myocarditis of left ventricle(Signed) Columbia M. D.(Address) Columbia

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**

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1. PLACE OF DEATH

County Boone
Township
City Columbia (No.)

Registration District No. 73
Primary Registration District No. 3006

File No.
Registered No. 24
St. Ward

2. FULL NAME

(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m
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. or min.
34 2 14

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)

13. NAME

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

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 4/4/1936 Allie Selby Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1 1936

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

I last saw 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:
Date of onset

Other contributory causes of importance:
Empyema of left chest and sore throat
Pneumonia lobar

Name of operation Date of
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
(Signed) Stephen D. Smith, M. D.
(Address) Columbia Mo

SUPPLEMENTARY

106

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.

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