

MAY 19 1936

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

Do not use this space.

14403

1. PLACE OF DEATH

County CarrollRegistration District No. 133Township LesliePrimary Registration District No. 5185

City _____ (No. _____)

St. _____ Ward _____

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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sally Gilliland6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-14-18547. AGE YEARS 81 MONTHS 11 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

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) Missouri13. NAME James Gilliland14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris15. MAIDEN NAME Black16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala17. INFORMANT (ADDRESS) Sallie Browder18. BURIAL, CREMATION, OR REMOVAL PLACE Smith DATE 4-23-3619. UNDERTAKER (ADDRESS) E. A. Dickerson20. FILED V-23 1936 Janie Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21, 193622. I HEREBY CERTIFY, That I attended deceased from April 16, 1936 to April 21, 1936. I last saw him alive on April 21, 1936. Death is said to have occurred on the date stated above, at 4 p. m.

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

Myocarditis

Other contributory causes of importance:

Senility

Name of operation _____ Date of _____

What test confirmed diagnosis? None 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) Res. Moore M. D.(Address) Kudlow

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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