

JUN 5 1936

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

Do not use this space.

20982

1. PLACE OF DEATH

County Registration District No. **791**
Township City Hospital No. **1003**
City **St. Louis Mo.** (No. **City Hospital No. 1003**)

File No.
Registered No. **5183**
St. Ward

2. FULL NAME

William Mc Gilberry
(a) Residence, No. **824^e Beauumont** Ward **21**
(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 **Male**
4. COLOR OR RACE **Negro**
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (except the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Lucinda McGilberry**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 30 1891**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	54	5	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Laborer**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **common**
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) **Mississippi**

13. NAME **Henry Mc Gilberry**

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

15. MAIDEN NAME **Mary Bullard**

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

17. INFORMANT (ADDRESS) **C. J. Pugh, 2442 - Law**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Ellisville Miss** DATE **May 17 1936**

19. UNDERTAKER (ADDRESS) **Joseph Randle & Son 720 No. Bernard Ave**

20. FILED **MAY 14 1936** **J. F. Bredeck** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 10th 1936**

22. I HEREBY CERTIFY, That I attended deceased from **4 - 27 - 1936** to **5 - 10 - 1936**
I last saw him alive on **May 10 1936** Death is said to have occurred on the date stated above, at **7:15 P.**

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

Regenerative Heart Disease
930
Other contributory causes of importance: **Coronary Sclerosis**

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) **J. Owen Blache**, M. D.

(Address) **2945th Canton**

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

U.S. NO. 2
FORM 1-20-36
1 X704

