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.

JUL 27 1936

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

Do not use this space.

25089

File No.

Registered No. 238

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123

Township — Primary Registration District No. 6248B

City Jefferson Barracks (No. Veterans Administration Facility St. Ward)

2. FULL NAME Fred GILMORE

(a) Residence, No. 2339a Wash St., Ward. St. Louis, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kn mos. own ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Colored	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Mathilda Gilmore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 20, 1886

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
49	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engine Watchman

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

10. Date deceased last worked at this occupation (month and year) 5 yrs. ago

11. Total time (years) spent in this occupation Abt. 20 yr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Water Valley Mississippi

FATHER

13. NAME Pink Gilmore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Water Valley, Mississippi

MOTHER

15. MAIDEN NAME Georgia Ann Woods

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

17. INFORMANT M. Schulling Clinical Clerk
(ADDRESS) Vet. Adm. Facility, Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jefferson Brks. DATE June 24, 1936

19. UNDERTAKER A. L. Begland Co
(ADDRESS) 2726 Lucas Ave

20. FILED June 23, 1936. G. Mowry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1936 to June 17, 1936

I last saw him alive on June 17, 1936 Death is said to have occurred on the date stated above, at 9:05 a.m. p.m.

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

	Date of onset
Tuberculosis of Rectum	Unkn.

Other contributory causes of importance:
None

Name of operation None Date of —

What test confirmed diagnosis? Clinical manifestations, x-ray and laboratory findings 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?

If so, specify

(Signed) C. W. Hughes, M. D.
Chief Med. Officer, Vet. Adm. Facility,
(Address) Jeff. Brks., Mo.