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.

OCT 3 1936

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

Do not use this space.

Dr. Norton

File No. 32026

Registered No.

1. PLACE OF DEATH

County: Wells

Township: Sweetser

City: (No. St. Ward)

Registration District No.: 726

Primary Registration District No.: 6948

2. FULL NAME Amanda Jane Gilbum (Gillum)

(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 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Joseph Gilbum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 20-1861

7. AGE: Years 74 Months 8 Days 1 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

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): Pike Co. Ill.

FATHER

13. NAME: David Stiffey

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

MOTHER

15. MAIDEN NAME: Margaret Delaney

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

17. INFORMANT (ADDRESS): Frank Stafford Houghton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Mt. Olivet Cem. DATE: Aug. 23- 1936

19. UNDERTAKER (ADDRESS): Roy T. Schmertz Hennitka Mo.

20. FILED: Aug 29, 1936 Blanche Megown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 21- 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 5- 1936, to Aug. 21, 1936

I last saw h. alive on Aug 20, 1936. Death is said to have occurred on the date stated above, at 12:45 P.m.

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

	Date of onset
Carcinoma of Liver	1935

Other contributory causes of importance:

Generalized metastasis

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) H B Norton, M. D.

(Address) Hermitage Mo.