FEB 15 1937

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

Do not use this space.

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1. PLACE OF DEATH
County Andrew — Registration District No. 11 — File No.
Township Lincoln — Primary Registration District No. 4008 — Registered No. 2
City Fillmore (No. , St. Ward)

2. FULL NAME James B. Gilmore
(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 17 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 Mrs. Fannie Gilmore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-4-1857

7. AGE: YEARS 79 — MONTHS 11 — DAYS 24 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant & farming
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) Doniphan Co Kansas

FATHER
13. NAME Madrell Gilmore 31
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown unknown 31

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Ky

17. INFORMANT (ADDRESS) Mrs. Fannie Gilmore Fillmore Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fillmore Mo DATE 1-30- 1937

19. UNDERTAKER (ADDRESS) J. Fred Terbune Savannah Mo

20. FILED Jan. 30, 1937 C. W. Cole Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1930, to January, 1937
I last saw him alive on Jan - 20, 1937. Death is said to have occurred on the date stated above, at 2 30 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis — Date of onset

Other contributory causes of importance:

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Name of operation — Date of
What test confirmed diagnosis? — 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 None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) M. L. Holliday, M. D.
(Address) Fillmore Mo

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.

100M-3-28-35