

MAR 17 1937

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

Do not use this space.

5538

## 1. PLACE OF DEATH

County ClayRegistration District No. 2013012Township LibertyPrimary Registration District No. 5280

City

(No. \_\_\_\_\_)

File No. 24

Registered No. \_\_\_\_\_

St. \_\_\_\_\_

Ward) \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. 2 Leonard

St. \_\_\_\_\_

Ward. \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 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)

Widow

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

Geo. W. Gillwater

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

Feb 11-1854

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .....hrs. or .....min.

8306

OCCUPATION

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

Housewife

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

in sep.

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

2 years

11. Total time (years) spent in this occupation

60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Romona Co Va.

FATHER

13. NAME

James W. Harris

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

Va

MOTHER

15. MAIDEN NAME

Sarah Ray

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

Va.

17. INFORMANT (ADDRESS)

Miss Meffert Roy Gillwater

18. BURIAL, CREMATION, OR REMOVAL

FuneraryPLACE Liberty MoDATE Feb 19 1937

19. UNDERTAKER (ADDRESS)

Church - Archer Co

20. FILED

2/20 1937E T Bram

Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

Feb. 17, 193722. I HEREBY CERTIFY, That I attended deceased from Feb 13<sup>th</sup>, 1937, to Feb 16<sup>th</sup>, 1937I last saw her alive on Feb 10<sup>th</sup>, 1937. Death is said to have occurred on the date stated above, at 5<sup>00</sup> m.

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

Influenza Pleuro Pneumonia

Date of onset

Other contributory causes of importance:

High blood pressure

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 \_\_\_\_\_, 1937

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) A E Severed, M. D.(Address) Liberty Mo

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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