

APR 20 1937

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

Do not use this space.

12324

1. PLACE OF DEATH

County Jefferson Registration District No. 425
 Township Meramec Primary Registration District No. 5580
 City (No. _____) St. _____ Ward _____

File No. 11
 Registered No. 27

2. FULL NAME

Charles Edwin Gillette
 (a) Residence, No. St. Joseph's Hill Infirmary St. _____ Ward _____
 (Usual place of abode) Cureha, Mo. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 6 yrs. 14 mos. 14 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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF deat person
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/20/1853
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 0 4

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Janitor, yard man
 10. Date deceased last worked at this occupation (month and year) 1 year ago 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) new York state

MOTHER FATHER
 13. NAME Edwin Gillette

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) new York state

15. MAIDEN NAME Anna Lane

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

17. INFORMANT St. Joseph's Hill Infirmary (ADDRESS) Cureha Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles DATE 3/25 1937

19. UNDERTAKER Donis H. Bopp (ADDRESS) outwood and

20. FILED 3/24 1937 James A. Townsend Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 24 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1936, to Mar 22, 1937

I last saw him alive on Mar 22, 1937. Death is said to have occurred on the date stated above, at 6:25 p.m.

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

Chronic Endocarditis

Other contributory causes of importance:

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) Jesse S. Sargent, M. D.

(Address) Cureha, 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.

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

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