

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

Do not use this space.

APR 27 1937

1. PLACE OF DEATH

County St. Louis Registration District No. 1123 File No. 13591
 Township Carondelet Primary Registration District No. 6248E Registered No. 160
 City St. Louis (No. 9327 E. Broadway St. _____ Ward _____)

2. FULL NAME Harry F. Gillick

(a) Residence, No. 9327 S. Broadway St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-9- 19 37

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

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1936, to April 9, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26, 1863

I last saw him alive on April 9, 1937. Death is said to have occurred on the date stated above, at 2:15 A.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 5 14

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

Bronchopneumonia Date of onset 3 days

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

Other contributory causes of importance:
Chronic Mitral Regurgitation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

Name of operation _____ Date of _____

13. NAME James Gillick

What test confirmed diagnosis? _____ Was there an autopsy? no

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

15. MAIDEN NAME Mary (unknown)

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

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

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Nora Gillick
 (ADDRESS) 9327 S. Broadway

Manner of injury _____
 Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE N. St. Peter & Raul DATE 4-12-37

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____

19. UNDERTAKER Southern Lumber Co.
 (ADDRESS) 6222 S. Grand

(Signed) A. W. Peters M. D.
 (Address) 4145a S. Grand Blvd.

20. FILED Apr. 11 1937 J. Mowrey Registrar

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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