

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

MAY 19 1937

16070

1. PLACE OF DEATH
 24 County Clay Registration District No. 198
 2 Township Fishing River Primary Registration District No. 3011
 4 City Excelsior Springs, Mo. No. Veterans Administration Facility St. 3rd Ward
 2. FULL NAME GILLETTE, Charles B.
 (a) Residence, No. Vet. Adm. Fac. St. 3rd Ward. Kansas City, Mo.
 (Usual place of abode) Excelsior Springs, Mo. (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
 5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Hazel A. Gillette
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9, 1889
 7. AGE YEARS 47 MONTHS 9 DAYS 18 IF LESS than 1 day, hrs. or min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
 10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation. Unknown
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osborne Kansas
 FATHER
 13. NAME Charles Gillette
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 MOTHER
 15. MAIDEN NAME Hattie Bennett
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
 17. INFORMANT Hospital Records
 (ADDRESS)
 18. ~~PLACE OF DEATH~~ Osborne, Kansas DATE 4-29
 19. UNDERTAKER John C. Prather
 (ADDRESS) Excelsior Springs, Mo.
 20. FILED April 29, 1937 Lorena M. Cracker
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27, 1937
 22. I HEREBY CERTIFY, That I attended deceased from April 24, 1937, to April 27, 1937
 I last saw him alive on April 27, 1937. Death is said to have occurred on the date stated above, at 2:07 p.m.
 The principal cause of death and related causes of importance were as follows:
Appendicitis
 Date of onset
 Other contributory causes of importance:
Psocas abscess
 Name of operation None Date of
 What test confirmed diagnosis? Exam. & Obs. Was there an autopsy? Yes
 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. C. FAROEGRUB, M.D., Clin. Dir., M. D.
 (Address) Veterans Administration Fac., Excelsior Springs, Mo.

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