

MAY 20 1937

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

Do not leave this space.

1. PLACE OF DEATH

County Henry
Township Clinton
City Clinton (No.)

Registration District No. 247
Primary Registration District No. 3018

File No. 16458
Registered No.
St. Ward)

2. FULL NAME Fulton C Gillespie

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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) Widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lora Gillespie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-04-1858

7. AGE YEARS 79 MONTHS 5 DAYS 27 If LESS than 1 day, hrs. or min.

OCCUPATION

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

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 Life

12. BIRTHPLACE (CITY OR TOWN) Harrison, Co. (STATE OR COUNTRY) Ky.

13. NAME John Gillespie

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

15. MAIDEN NAME Beaman

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

17. INFORMANT Fred Gillespie (ADDRESS) Clinton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Carrington DATE 4-13 1937

19. UNDERTAKER Fred Gillespie (ADDRESS) Clinton, Mo.

20. FILED 4-13 1937 J. R. Hamilton Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-11 1937

22. I HEREBY CERTIFY That I attended deceased from Apr 11 1937 to Apr 11 1937. I last saw him alive on April 11 1937. Death is said to have occurred on the date stated above, at 1:10 P.M.

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

Cerebral Hemorrhage Date of onset 4/11/37

Other contributory causes of importance:

Name of operation Cerebral Date of 4/11/37
What test confirmed diagnosis? Cerebral 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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Stroke (Signed) S. W. Mollen M. D.
(Address) Clinton Mo

