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

Do not use this space.

26128

AUG 11 1937

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. Trinity Lutheran Hosp. St. Ward)

File No.
Registered No.

2. FULL NAME Tazewell Gilmer
(a) Residence, No. Pensecola, Florida 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. 1 mos. 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 30, 1865

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
72	2	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil Engineer
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) June 1937
11. Total time (years) spent in this occupation 20 Years

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

FATHER
13. NAME John Gilmer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liberty Va.

MOTHER
15. MAIDEN NAME Eliza Patton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Culpepper Va.

17. INFORMANT Mary R. Gilmer
(ADDRESS) 4020 Walnut

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cremation DATE July 1, 1937

19. UNDERTAKER D.W. Newcomer's Sons
(ADDRESS)

20. FILED 7/1 1937 M. Merome
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 22 1937, to June 29 1937
I last saw him alive on June 29, 1937 Death is said to have occurred on the date stated above, at 11:48 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Bronchogenic carcinoma	2-1-37
Other contributory causes of importance: Gangrene of lung	6-1-37

Name of operation Bronchoscopy Date of 6-28-37
What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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
(Signed) Robert C. Durisher, M. D.
(Address) 838 Argyle Bldg

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.

Argyle Bldg.

JUN 4 1956