

AUG 19 1937

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

Do not use this space.

26701

1. PLACE OF DEATH

County Buchanan  
Township St. Joseph  
City St. Joseph, Mo.

Registration District No. 85  
Primary Registration District No. 1001  
3027 Penn St.

File No.  
Registered No. 789  
St. Ward

2. FULL NAME

Sallie Alice Gilliland  
(a) Residence, No. 3027 Penn St., St., Ward.  
(Usual place of abode)  
Length of residence in city or town where death occurred 43 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

3. SEX Female  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar, 31, 1893  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 84 3 12

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gallatin, Mo.

13. NAME Adam Clendenen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. Va.

15. MAIDEN NAME Mary Jane Gilliland

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. Va.

17. INFORMANT Mrs. Edith Alexander  
(ADDRESS) St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery, DATE July, 15, 1937

19. UNDERTAKER Walter McInnis  
(ADDRESS) 1302 Faraon St. St. Joseph, Mo.

20. FILED 7/14 1937 J. Westlund Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July, 13, 1937  
22. I HEREBY CERTIFY, That I attended deceased from May 31, 1937, to July 13, 1937  
I last saw her alive on July 12, 1937. Death is said to have occurred on the date stated above, at 5.30 m. A.M.  
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis  
Arteriosclerosis General unknown  
Date of onset unknown  
Other contributory causes of importance: none

Name of operation none Date of operation  
What test confirmed diagnosis? Clinical. 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  
(Signed) Gustav A. Han, M. D.  
(Address) Kirkpatrick Bldg., St. Joseph, 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.

