AUG 19 1937

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

Do not use this space.

26726

1. PLACE OF DEATH
County Buchanan — Registration District No. — File No.
Township — Primary Registration District No. 1071 — Registered No. 814
City St Joseph (No. St Joseph Hospital St. Ward)

2. FULL NAME Jean Carroll Gilmore
(a) Residence, No. 3420 Penn 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

3. SEX: Female
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: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21 1937
7. AGE: 0 YEARS: 0 MONTHS: 0 DAYS: 0 If LESS than 1 day, 4 hrs. or 30 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) St Joseph Missouri

FATHER
13. NAME Donald Lee Gilmore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stewartsville Missouri

MOTHER
15. MAIDEN NAME Alice May Wright
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Easton Missouri

17. INFORMANT (ADDRESS) J. A. Goerlitz 3408 Lafayette St Joseph Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cem DATE July 22, 1937
19. UNDERTAKER (ADDRESS) Walter Meierhoffer 1302 Faraon St. St. Joseph Mo.
20. FILED 7/22 1937 H J Kettlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21.1937, 19

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1937 to July 21, 1937
I last saw her alive on July 21, 1937. Death is said to have occurred on the date stated above, at 3:30pm
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage from birth injury	7-21-37

Other contributory causes of importance:
Forceps delivery

Name of operation none Date of
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) [signature], M. D.
(Address) 6207 King Hill Ave. 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.