

AUG 30 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County St. Louis 2  
Township Meromec 1  
City Glencoe (No. ...., ..... St. .... Ward)

Registration District No. 784  
Primary Registration District No. 6032

File No. 28298  
Registered No. ....

## 2. FULL NAME

Grover Gilmore  
(a) Residence, No. Glencoe, Mo. St. .... Ward. ....  
(Usual place of residence)

Length of residence in city or town where death occurred 0 yrs. 6 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 Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10, 1921

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
16 4 24

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year) 0 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Mo.

13. NAME John Gilmore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Mo.

15. MAIDEN NAME Maud Savenport

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sacred Co. Mo.

17. INFORMANT (ADDRESS) Maud Gilmore  
Glencoe, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel Cemetery  
Pond, Mo. DATE July 7, 1937

19. UNDERTAKER (ADDRESS) Chandler Funeral Home  
Badlam, Mo.

20. FILED July 5, 1937 Amelia  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw him alive on ..... 19..... Death is said to have occurred on the date stated above, at 10 P.M.

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

Automobile collision,  
while riding as a passenger  
on the return road  
of a private automobile on a  
public highway. Date of onset 7/4/37

Other contributory causes of importance: 210 M 7/4/37

Fracture skull & C-6  
fracture of R. humerus &  
fracture of L. humerus 7/4/37

Name of operation None Date of None

What test confirmed diagnosis Myelogram Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide Accident Date of injury 7/4, 1937

Where did injury occur? Glencoe, Mo.  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury Automobile collision  
Nature of injury Multiple fractures

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) John S. Campbell M. D.  
(Address) James S. Campbell

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

