

JAN 25 1938

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

Do not use this space.

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1. PLACE OF DEATH

County Stoddard
Township Payco Mo
City Payco Mo (No.) St. Ward)

Registration District No. 840 450
Primary Registration District No. 61-0-25

File No.
Registered No. 48

2. FULL NAME

Amanda M. Gillespie

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29, 1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>70</u>	<u>75</u>	<u>6</u>	<u>26</u>	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Cape County, Mo

FATHER
13. NAME John C. Haldeman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape County, Mo

MOTHER
15. MAIDEN NAME Dorothy Thompson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dorset Knov

17. INFORMANT Clarence Linkhock
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Cemetery DATE 12/26 37

19. UNDERTAKER Hickman-White
(ADDRESS)

20. FILED 12/26 1937 Therianthawke Glenn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1937, to Dec 25, 1937

I last saw him alive on Dec 28, 1937. Death is said to have occurred on the date stated above, at 1:45 p.m.

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

Paralysis - Bulbs
type
Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

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? ✓
If so, specify

(Signed) E. P. Brown, M. D.
(Address) Payco, 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.

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