WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

114 REC'D MAR 25 1938

114 2 1

1. PLACE OF DEATH
County Wright
Township Mtn Grove
City ..... (No. ..... St. ..... Ward)

Registration District No. 908
Primary Registration District No. 6222

File No. 8488
Registered No. 52

2. FULL NAME Mary Ethel Gilliland 445

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 15-1881

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
56	0	18	

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) Gaines Ville mo

FATHER
13. NAME A C Luna
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gaines Ville mo

MOTHER
15. MAIDEN NAME Martha Patrick
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Edgar Gilliland

18. BURIAL, CREMATION, OR REMOVAL
PLACE Gaines Ville mo DATE Nov 5 1937

19. UNDERTAKER (ADDRESS) Batten Funeral Home

20. FILED 12-31 1937 Bernice Matzmeyer Registrar.
12-31-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1937, to Nov 3, 1937
I last saw her alive on Nov 3, 1937. Death is said to have occurred on the date stated above, at 12 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	
8 2 61	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) R. A. Ryan, M. D.
(Address) Mtn Grove

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