

REC'D APR 22 1938

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

11696

Do not use this space.

1. PLACE OF DEATH  
 (a) County Pemiscot  
 (b) Township Cooter  
 (c) City Cooter  
 (d) Street No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Idelia Gilliland 445  
 (a) Residence, No. Cooter, Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
57      9      19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Keeper  
 9. Industry or business in which work was done, as 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) Derby Ind

13. NAME W. J. Hall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Derby Ind

15. MAIDEN NAME Betty Bryant

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Derby Ind

17. INFORMANT (ADDRESS) Geo R. Gilliland Cooter, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Zion Cem DATE 3/31 1938

19. FUNERAL DIRECTOR (ADDRESS) German Undt Co Steele, Mo.

20. FILED 4-7 1938 J. P. Bignone Local Registrar. 588

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1937, to March 29, 1938  
 I last saw her alive on March 27, 1938. Death is said to have occurred on the date stated above, at 1:30 p. m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of Uterus and adnexa. Date of onset \_\_\_\_\_

Other contributory causes of importance: H.S.

Name of operation Complete Hysterectomy Date of 1937  
 What test confirmed diagnosis? Biopsy 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) P. E. Cooper \_\_\_\_\_, M. D.  
Cooter, Mo.

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**