REG'D MAY 10 1938

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

Do not use this space.

File No. 14103
Registered No. 465

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

2. FULL NAME Gilbert Terrell 64.0
(a) Residence, No. 2415 Sylvanie 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: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/3/'89.

7. AGE: Years 49 — Months 1 — Days 22 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common Laborer
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) Odessa, Missouri

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

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

17. INFORMANT Susie Terrell
(ADDRESS) 2415 Sylvanie

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cemetery DATE 4/28/'38 19

19. UNDERTAKER Graves Funeral Home
(ADDRESS) 805 S. 17th

20. FILED 4-27 1938 H. J. Westbrook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/25/'38 19

22. I HEREBY CERTIFY, That I attended deceased from Mar 27, 1938, to Apr 25, 1938
I last saw him alive on Apr 25, 1938. Death is said to have occurred on the date stated above, at 10:15 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	unknown
Chronic Endocarditis	
Pericarditis with Effusion	

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Other contributory causes of importance: Cirrhosis of Liver — unknown

Name of operation None Date of
What test confirmed diagnosis? Exp. & Tab. 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) E. M. Shores, M. D.
(Address) 317 Kirkpatrick Bldg. St. Joseph Mo.

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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.