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.

REC'D JUN 23 1938

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

17814
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan — Registration District No.
(b) Township — Primary Registration District No. — Registered No. 635
(c) City St. Joseph, — (d) Street No. 4909 King Hill Avenue St.
(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 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Robert James Gilmore 456
(a) Residence, No. 4909½ King Hill Avenue St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Mary Ellen Gilmore
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Febr. II. 1877.
7. AGE: YEARS 60 — MONTHS 4 — DAYS 6 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Bartender
9. Industry or business in which work was done, as saw mill, bank, etc.: Blue Blaze Tavern
10. Date deceased last worked at this occupation (month and year): June. 17. 1938
11. Total time (years) spent in this occupation: 5. Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Savannah, Missouri. 0

FATHER
13. NAME: John Gilmore 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ireland 5

MOTHER
15. MAIDEN NAME: Elizabeth Blair
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ireland

17. INFORMANT (ADDRESS): Mary E Gilmore 4909½ King Hill Avenue
18. BURIAL, CREMATION, OR REMOVAL: Mt. Olivet Cemt
PLACE: St. Joseph, Mo. DATE: June. 20 1938
19. FUNERAL DIRECTOR (ADDRESS): H. O. Sidenfaden & Son 1802 Union Str. St. Joseph, Mo.
20. FILED: June 20 1938 H J Nestlebuck Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June. 17. 1938
22. I HEREBY CERTIFY, That I attended deceased from 6-17, 1938, to 6-17, 1938
I last saw him alive on 6-17, 1938. Death is said to have occurred on the date stated above, at 5. p. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Embolism | 6-17-38 |

9410

Other contributory causes of importance: Arterio sclerosis

Name of operation — Date of
What test confirmed diagnosis? Clinical 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. J. Gross D.O. M. D.
(Address) 5008 King Hill Ave.

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I, Albert E. Harrington, Licensed Embalmer No. 3258.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by my-self.

L. E.

No. or by ; Registered Apprentice No.

working under my personal supervision.

Signed Albert E. Harrington

Licensed Embalmer No. 3258.

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