

Pearson
REC'D JUN 23 1938

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

Do not use this space.

19231

1. PLACE OF DEATH

County *Reke*
Township *Buffalo*
City *Louisiana*

Registration District No. *689*
Primary Registration District No. *3033*
(No. *1203 Kentucky*)

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

SAMUEL BENJAMIN GILLETTE

430

(a) Residence, No. *1203 Kentucky* 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 *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *april 14 1864*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
74 1 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *merchant*

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) *Clark Co. Mo*

MOTHER 13. NAME *(?) Gillette*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *(?)*

15. MAIDEN NAME *(?) Stanley*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *(?)*

17. INFORMANT *Mrs. Dan Gillette*
(ADDRESS) *1203 Ky St. Louisiana Mo.*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Greenwood Cem.* DATE *May 24 1938*

19. UNDERTAKER *D. Haley*
(ADDRESS) *Louisiana Mo*

20. FILED *May 22 1938* *D. Haley*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 22 1938*

22. I HEREBY CERTIFY That I attended deceased from *Feb. 10 1938* to *May 22 1938*

I last saw him alive on *May 22 1938* Death is said to have occurred on the date stated above, at *2:45 P.M.*

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

Myocardial Insufficiency

Other contributory causes of importance: *Rheumatism*

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) *J. M. Pearson*, M. D.
(Address) *Louisiana 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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719.

Exact statement of C. J. SNYDER / L. O. M. is attached
to file, dated, EXVC. 17. BF. 2.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

19231
Do not use this space.

1. PLACE OF DEATH

(a) County Pike Registration District No. 689
 (b) Township Primary Registration District No. 3033 Registered No.
 (c) City Louisa (d) Street No. 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 yrs. mos. ds. (f) How long in U.S. of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Samuel Benjamin Gillette
 (a) Residence, No. 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 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 Eveland
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 1 8

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 5/22, 1938 John H. Gilley Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from to, 19.....
 I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at, m.
 The principal cause of death and related causes of importance were as follows:

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: D. M. Pearson, M. D.
 (Signed) Louisa, Mo
 (Address)

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 N. B.—Every item of information should be carefully supplied; AGE should be stated EXACTLY. PHYSICIAN'S signature should be in plain characters. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

1-2-20

Dear Mr. [Name]

I am writing to you regarding the [subject] of your letter of [date]. I have reviewed the information provided and am sorry to hear that [situation]. We are currently [action] and will contact you again once a decision has been reached. Thank you for your patience and understanding.