

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

21776
Do not use this space.

1. PLACE OF DEATH 1938
 (a) County Murkin Registration District No. 284
 (b) Township Bottom Hill Primary Registration District No. 4173
 (c) City Malden Mo. (d) Street No. _____ St.
 (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.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Julia G. Gilliam 451
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	4. COLOR OR RACE <u>Wht.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Robert L. Gilliam</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 17-1861</u>		
7. AGE YEARS <u>77</u>	MONTHS <u>2</u>	DAYS <u>25</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>		
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) <u>Randolph, Ark.</u>		
13. NAME <u>Dozier</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>?</u> <u>Tenn.</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT (ADDRESS) <u>Mrs. John Beattie</u> <u>Malden, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Malden, Mo.</u> DATE <u>6-13</u> 19 <u>38</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>W. L. Gray</u> <u>Malden, Mo.</u>		
20. FILED <u>6/19</u> 19 <u>38</u> <u>S. Mitchell</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-12- 1938

22. I HEREBY CERTIFY That I attended deceased from _____ 1938, to _____ 1938
 I last saw her alive on June 11, 1938. Death is said to have occurred on the date stated above, at 11:25 A.M.
 The principal cause of death and related causes of importance were as follows:
Organic Heart Disease
95 P. 2'
 Date of onset 1930

Other contributory causes of importance:
None

Name of operation none 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? no 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 None
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Flomer Beall _____ M. D.
 (Address) Malden Mo

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.

I X12004

E.B.

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.)