

REC'D AUG 8 1938

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

24359  
 Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 002  
 (b) Township St. Louis Primary Registration District No. 2864  
 (c) City Kansas City (d) Street No. 622 Penton Registered No. 2864  
 (e) Length of residence in city or town where death occurred \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 yrs. mos. ds. (If How long in U. S., if of foreign birth? yrs. mos. ds.)

## 2. PRINT FULL NAME

(a) Residence, No. 636 Van Buren St. Mo. (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 wh.  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nellie M. Gill  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
61 4 unk.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Operator  
 9. Industry or business in which work was done, as saw mill, bank, etc. A.C. Public Service  
 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) Maryland

FATHER 13. NAME Wm. C. M. Gill  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cumberland Maryland

MOTHER 15. MAIDEN NAME Mary A. M. Cune  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Akron Ohio

17. INFORMANT (ADDRESS) Nellie M. Gill Salem Miss.

18. BURIAL, CREMATION, OR REMOVAL PLACE Solow Iowa DATE July 15, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ceylar Funeral Home St. Louis

20. FILED 7-16-38 M. M. Crowe, as sh. Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1938

22. I HEREBY CERTIFY That I attended deceased from Nov. 27, 1937 to 7-4-38, 1938

I last saw him alive on 7-4-38 Death is said

to have occurred on the date stated above, at 2:30 p.m.

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

Acute dilated aortic Date of onset acute  
of heart  
of 2 1/2  
 Other contributory causes of importance: Arteriosclerosis several years  
Cerebral Hemorrhage about 8  
mo.

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Chemo 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) J. Cameron Anderson M. D.

(Address) 6520 Under

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed.....

Licensed Embalmer No. ....

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**