

REC'D SEP 19 1938

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

28608
Do not use this space.

1. PLACE OF DEATH

(a) County Cedar Registration District No. 165-
(b) Township Linn Primary Registration District No. 5231
(c) City Stockton (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.

2. PRINT FULL NAME

Frank Gilmore

4510

(a) Residence, No. _____ 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Gilmore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ? 1868

7. AGE YEARS 70 MONTHS ? DAYS ? If LESS than 1 day, _____ hrs. or _____ min.

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. Farming
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

FATHER 12. BIRTHPLACE (CITY OR TOWN) Springfield (STATE OR COUNTRY) Illinois

13. NAME Will Gilmore

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

MOTHER 15. MAIDEN NAME Mary Dedeph

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

17. INFORMANT (ADDRESS) Heart Lorton
Stockton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Stockton DATE Aug. 23 1938

19. FUNERAL DIRECTOR (NAME) W. C. DAVIS & CO. (ADDRESS) Stockton, Mo.

20. FILED Aug 25 1938 Miss N. G. Brown Local Registrar. 156

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1937 to Aug 22 1938
I last saw him alive on Aug 20 1938 Death is said to have occurred on the date stated above, at 4:46 a.m.

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

Chronic Brights disease

Date of onset

Other contributory causes of importance:

Senility

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) H. H. Russell, M. D.
(Address) Stockton Mo

RECEIVED

District Health Officer No. 7

District File Number 7-38-25

Date Filed 9-13-38

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,

Melvin Church

or by

Registered Apprentice No., working under my personal supervision.

Signed

Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton, Mo.

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.