REC'D JAN 17 1939

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

Do not use this space.

1. PLACE OF DEATH 8
County Benton, 2 Registration District No. 61 File No. 42280
Township Lindsey 1 Primary Registration District No. 5097 Registered No. 31
City ~~Warsaw~~, (No. 1, St. Ward)

2. FULL NAME 456 James Tipton Gilmore,
(a) Residence, No. 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 M,
4. COLOR OR RACE White,
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charlotte Gilmore,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep, 22 1855
7. AGE YEARS 83 MONTHS 3 DAYS 9 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Farmer,
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) Florence Mo, 0

FATHER
13. NAME John B.Gilmore, 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Florence Mo, 1

MOTHER
15. MAIDEN NAME Nancy Adline Neal,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky

17. INFORMANT (ADDRESS) Howard Gilmore, Sedalia Mo,
18. BURIAL, CREMATION, OR REMOVAL PLACE Lincoln Ceme, DATE Jan, 2 1939
19. UNDERTAKER (ADDRESS) J. B. Calbert Lincoln Mo
20. FILED Jan 4 1939 Jas. A. Logan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31 1938
22. I HEREBY CERTIFY, That I attended deceased from 12-19- 1938, to 12-31- 1938
I last saw him alive on 12-31- 1938 Death is said to have occurred on the date stated above, at mp m.
The principal cause of death and related causes of importance were as follows:
Myocarditis
Date of onset
Other contributory causes of importance: 9381
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) D. L. Reser, M. D.
65 (Address) Cole Camp 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.

50M-10-22-36 I X9314

RECEIVED
District Health Officer No. 7
District File Number 7-39-110
Date Filed 1-12-39