

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.

1939 JAN 5 1939

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

Do not use this space.

44873

1. PLACE OF DEATH

County Worth

Registration District No. 903

Township 1

Primary Registration District No. 4545

City Franklin City, Mo.

File No. 44873
Registered No. 44873
St. Franklin Ward 1

2. FULL NAME

(a) Residence, No. 4545 St. Franklin Ward 1
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</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>Elizabeth Gillard</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 6, 1859</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>6</u>	DAYS <u>2</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>
	9. Industry or business in which work was done, as silk mill, 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) Marion
(STATE OR COUNTRY) Indiana

13. NAME John Gillard

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

15. MAIDEN NAME Shelton

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

17. INFORMANT Martha Poston
(ADDRESS) Franklin City, Mo.

18. BURIAL, CREMATION OR REMOVAL
PLACE Glendale Cem. DATE 11/9/38

19. UNDERTAKER A. C. Dumble
(ADDRESS) Franklin City, Mo.

20. FILED 1-7 19 39 Franklin Mo.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 8 1938

22. I HEREBY CERTIFY, That I attended deceased from June 30 to Nov 8 1938
I last saw him alive on Nov 6 1938 Death is said to have occurred on the date stated above, at 9:00 P.M.
The principal cause of death and related causes of importance were as follows:

Myocardial infarction Date of onset 1938

Other contributory causes of importance:

Name of operation None Date of None
What test confirmed diagnosis? Physician's findings Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None

Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None

(Signed) J. K. Ross M. D.
(Address) Franklin Mo.

