

REC'D FEB 20 1939

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

1151

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Franklin Primary Registration District No. 1092
(c) City Panama City (d) Street No. 419 So Colorado Registered No. 164
(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

(a) Residence, No. 419 So Colorado St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Angie Mae Van Brooser</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 18 1882</u>		
7. AGE	YEARS <u>56</u>	MONTHS <u>2</u>
	DAYS <u>24</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Labour</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>Rushville Mo</u>	
FATHER	13. NAME <u>Henry Gilman</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>	
MOTHER	15. MAIDEN NAME <u>Polly Watson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Nebraska</u>	
17. INFORMANT (ADDRESS) <u>Chas. Gilman 419 So. Colorado</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rushville Mo</u> DATE <u>1/15/39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Lump & Co Main St. Lenwood</u>		
20. FILED <u>Jan 14 1939</u> <u>R. M. Browne</u> Local Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12 193922. I HEREBY CERTIFY, that I attended deceased from Dec. 18 1939 to Jan 12 1939I last saw him alive on Jan 12 1939 Death is said to have occurred on the date stated above, at 532.

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

Heart disease
hypertensive with
nephritis chronic
Other contributory causes of importance: 131
Cardiac Failure

Date of onset

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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?.....

If so, specify.....

(Signed) P. J. De Manna M. D.(Address) Angie Mae Van Brooser

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 conform with the above constitutes grounds for revocation of license.)

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