

REC'D FEB 11 1939

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

3273

Do not use this space.

1. PLACE OF DEATH

(a) County Newton Registration District No. 609
 (b) Township 1 Primary Registration District No. 4363 Registered No. 4
 (c) City Newark (d) Street No. Sales-Brewman Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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

456 Clyde-Belle Gillmore
 (a) Residence, No. Diamond, Mo. 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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 11 04

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.
 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) Diamond, Mo.

FATHER 13. NAME Clyde Gillmore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Diamond, Mo.

MOTHER 15. MAIDEN NAME Lara Matthews

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newark, Mo.

17. INFORMANT (ADDRESS) Clyde Gillmore, Diamond, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Diamond Cemetery, Jan 5th, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Glory Funeral Home, Newark, Mo.

20. FILED 1-5 19.39 Orval A. Salu, M.D., Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1939 to Jan. 3, 1939. I last saw her alive on Jan. 3, 1939. Death is said to have occurred on the date stated above, at 3:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Acute Nephritis and
Lobar Pneumonia 191-
 Date of onset 15

Other contributory causes of importance:
Accidental
Bump by falling 15
against stone Birth

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 Jan. 1, 1939
 Where did injury occur? Home (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Bump on side of face
 Nature of injury cut, both hands caused by falling against stone

24. Was disease of injury in any way related to occupation of deceased? No
 If so, specify.....
 (Signed) Orval A. Salu, M.D.

(Address) Newark, Mo.

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. 2222

P. O. Address Partburg

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.