

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impor

W. Dennis
APR 10 1939

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

10572
Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213
(b) Township Jefferson Primary Registration District No. 3014 Registered No. 92
(c) City Jefferson (d) Street No. St. Mary's 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 Mrs. Sallie W. Gilvin

(a) Residence, No. 807 East McCarty 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 27, 1939

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

22. I HEREBY CERTIFY, that I attended deceased from March 7, 1939, to March 27, 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8-1864

I last saw her alive on March 27, 1939 Death is said to have occurred on the date stated above, at 10:30 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 73 9 19

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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 ''

Intellectual Obstruction Date of onset March 27, 1939
Resection of sigmoid

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone County, Mo.

Other contributory causes of importance:
Deafness
Hypertension

13. NAME Chas Puller

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

Name of operator Resection of bowel Date of operation March 7, 39
What test confirmed diagnosis? Operation Was there an autopsy? Yes

15. MAIDEN NAME Martha A. Harris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co. MO.

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.

17. INFORMANT Mrs. Nannie Coates (ADDRESS) Jefferson City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE River View Cem DATE Mar-29-- 1939

Manner of injury _____
Nature of injury _____

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Harold Gordon Jefferson City, Mo

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) W. Dennis, M. D.
(Address) Jefferson City, Mo

20. FILED 4/11/39 W. Dennis Local Registrar

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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.....

Fred P. Dulle

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Fred P. Dulle*.....

Licensed Embalmer No. *3890*

P. O. Address *Jefferson Ave*

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH
 (a) County Cole Registration District No. 213
 (b) Township Primary Registration District No. 3014 Registered No. 92
 (c) City Jefferson (d) Street No. 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 Mrs Sallie W. Gilvin
 (a) Residence, No. 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>73</u>	<u>9</u>	<u>19</u>	

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.
 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)

FATHER

13. NAME
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19
 19. FUNERAL DIRECTOR (ADDRESS)
 20. FILED 19
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-27-39

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... Death is said to have occurred on the date stated above, at... m. The principal cause of death and related causes of importance were as follows:
Intestinal Obstruction
perforation intestines
(from muley rant)
antennae being from
ashes
 Other contributory causes of importance:
Diabetes mellitus
hypostatic pneumonia
 Name of operation Reaction? final 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) R. P. Davis M. D.
 (Address) Jefferson City Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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