

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.

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

14101
 Do not use this space.

REC'D MAY 18 1939

1. PLACE OF DEATH

(a) County Andrew, Registration District No. 13

(b) Township 1 Primary Registration District No. 4010 Registered No. 21

(c) City Savannah, (d) Street No. Savannah, Mo. St.

(e) Length of residence in city or town where death occurred 1 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Oranlando Gilbert,

(a) Residence, No. Savannah, Mo. St.

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE YEARS 71 MONTHS DAYS If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer,

9. Industry or business in which work was done, as saw mill, bank, etc. Farm,

10. Date deceased last worked at this occupation (month and year) April 1939 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray County, Missouri,

FATHER 13. NAME John Gilbert,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Missouri,

MOTHER 15. MAIDEN NAME Beulah Rogers,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Missouri,

17. INFORMANT (ADDRESS) Mrs. Oranlando Gilbert Savannah, Mo.

18. BURIAL: CREMATION, OR REMOVAL PLACE Savannah, Mo. DATE April 4th, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Frank A. Bowman Savannah, Mo.

20. FILED Apr. 4, 1939 Jennie Pash Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2nd, 1939

I HEREBY CERTIFY, That I attended deceased from Dec. 1939, to Apr. 1, 1939

I last saw him alive on Mar 24, 1939. Death is said to have occurred on the date stated above, at 3:30 a.m.

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

Cancer of back metastasized to cervical glands

Other contributory causes of importance: Malnutrition from metastasis

Date of onset 1934

Name of operation..... 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 Dr. R. K. Kelley (Signed) Savannah Mo. M. D.

(Address) 7261

521

RECORDED
District Health Officer
District File Number 1-39
Date Filed MAY 1

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 Apr 2, 1939

or by

Registered Apprentice No. ✓, working under my personal supervision.

Signed

W. E. Zimmerman

Licensed Embalmer No.

3007

P. O. Address

319 Davis St Joseph

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.

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

14101
Do not use this space.

1. PLACE OF DEATH

(a) County Andrew Registration District No. 13
(b) Township Savannah Primary Registration District No. 4010 Registered No. 21
(c) City Savannah (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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 Oranlando Gilbert

(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 <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>m</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS <u>71</u>	MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
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		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 24, 1999

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on _____, 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:

Cancer of face metastasized to cervical lymph nodes at the corner of lip on left side
Other contributory causes of importance: malnutrition from metastasis

Name of operation _____ Date of _____

What test confirmed diagnosis? 45 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) H. L. Kelley, M. D.
(Address) Savannah, Mo.

Local Registrar.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENTARY

