

1939 MAY 22 1939

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

15410
Do not use this space

1. PLACE OF DEATH

(a) County Burlington Registration District No. 508
(b) Township Chillicothe Primary Registration District No. 3026
(c) City Chillicothe (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.

Registered No. 54

2. PRINT FULL NAME

(a) Residence, No. 400 228 Graves 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 Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Baldwin B. Gill
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 26 - 1863
7. AGE YEARS 80 MONTHS 7 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
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) Bundy Mo

13. NAME Edwin Ball

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Maryland

15. MAIDEN NAME Francis Tracy

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

17. INFORMANT (ADDRESS) Forest Gill Chillicothe Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Edgewood DATE April 7 - 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) James Gordon Chillicothe Mo

20. FILED 4-6-1939 Donald M. Sawell, M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6 - 1939

22. I HEREBY CERTIFY, That I attended deceased from About 5 years, 1934 to 4-5, 1939
I last saw her alive on 4-4, 1939. Death is said to have occurred on the date stated above, at 9:28 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Date of onset _____
9:28

Other contributory causes of importance: _____

Name of operation None Date of _____
What test confirmed diagnosis Physical 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) Rebecca Barney, M. D.
Chillicothe Mo (Address)

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.

No. 11
39-491

Date Filed
MAY 11 1939

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.....

James D Gordon....., Registered Apprentice No.....
working under my personal supervision.

Signed *James D Gordon*
Licensed Embalmer No. *1870*
P. O. Address *Chillicothe, Mo.*

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.