

REC'D JUN 22 1939

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

19345

Do not use this space.

## 1. PLACE OF DEATH

(a) County Quincy Registration District No. 615  
 (b) Township Marion Primary Registration District No. 5817 Registered No. 12  
 (c) or City \_\_\_\_\_ (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

William A. Gilbreath  
 (a) Residence, No. Grandby R-1 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 8 - 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
60 3 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farming  
 9. Industry or business in which work was done, as saw mill, bank, etc. Y  
 10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation Y

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newton C. mo 0

FATHER 13. NAME David F. Gilbreath 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newton C. mo 1

MOTHER 15. MAIDEN NAME Hannah Hitt

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

17. INFORMANT (ADDRESS) Jessie Bennett  
Grandby R-1

18. BURIAL, CREMATION, OR REMOVAL PLACE Simmons Cemetery DATE 5-7 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Werner  
Parthaus mo.

20. FILED May 6<sup>th</sup> 1939 Mrs. U. S. Chapman  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5, 1939

22. I HEREBY CERTIFY That I attended deceased from May 5, 1939, to May 5, 1939

I last saw him alive on May 5, 1939. Death is said to have occurred on the date stated above, at 8:00 a.m.

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

Hypertrophy of heart

Date of onset

Other contributory causes of importance:

myocardial regeneration

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? No

If so, specify \_\_\_\_\_

(Signed) R. T. Cheatham, M. D.

875 (Address) Diamond mo.

RECEIVED

District Health Officer No. 6,

District File Number 6-6-39-1164

Date Filed JUN 5 1939

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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.....

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

working under my personal supervision.

Signed..... *E. E. E. E.*

Licensed Embalmer No. 2222

P. O. Address..... Carthage 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.