REC'D JUL 13 1939

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

22202
Do not use this space.

1. PLACE OF DEATH
(a) County Harrison 1 Registration District No. 334
(b) Township Primary Registration District No. 4197 Registered No. 34
(c) City Bethany (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 421 Hannah A. Gillespie
(a) Residence, No. 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 F.
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF W. H. H. Gillespie
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-30-1850
7. AGE YEARS 88 MONTHS 9 DAYS 15 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prebble Co. Ohio 1

FATHER
13. NAME Benjamine Sutton 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio.

MOTHER
15. MAIDEN NAME Rachael Imes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not Know

17. INFORMANT (ADDRESS) Alma Liazenby Bethany Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Ridge DATE 6-17-1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) S. M Haas. Bethany Mo.
20. FILED 9-16-1939 A L Wesley Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-15-1939
22. I HEREBY CERTIFY, That I attended deceased from 9-2, 1938 to 6-15, 1939
I last saw her alive on 5-29, 1939. Death is said to have occurred on the date stated above, at 6:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1930

93 C

Other contributory causes of importance:

Name of operation none 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) W. H. Boyles, M. D.
302 (Address) Bethany Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

1, X14028

RECEIVED
District Health Officer No. 11
District File Number 739-846
Date Filed JUL 12 1938

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 S. M. Haas

Licensed Embalmer No. 1078

P. O. Address Bethany 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.