

AUG 11 1939

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

25012

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township 1 Primary Registration District No. 1001 Registered No. 671
(c) City St. Joseph (d) Street No. 3221 Mitchell 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 FRANK S. GILLETTE

(a) Residence, No. 3221 Mitchell 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie M. Gillette
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2nd, 1878
7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
61 2 29

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Mo.

FATHER 13. NAME T. S. Gillette

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

MOTHER 15. MAIDEN NAME Mary E? Hill

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

17. INFORMANT Minnie M. Gillette
(ADDRESS) 3221 Mitchell St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Auburn DATED July 3rd, 1939

19. FUNERAL DIRECTOR (NAME) FLEEMAN & SON, INC.
(ADDRESS) 1946 Calhoun St. Joseph, Mo.

20. FILED July 3, 1939 A. J. Keckelbusch
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1st, 1939

22. I HEREBY CERTIFY That I attended deceased from June 29, 1939, to July 1, 1939
I last saw him alive on June 30, 1939. Death is said to have occurred on the date stated above, at 2.30 P.M.
The principal cause of death and related causes of importance were as follows:

Progressive locomotor ataxia (tabes dorsalis)

Date of onset

Other contributory causes of importance:

Possibly followed injury of spine due to automobile accident in 1925

Name of operation none Date of _____
What test confirmed diagnosis? clinical 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? no
If so, specify _____

(Signed) W. J. Blair, M. D.
Ballinger, Reg.
Joseph
85 (Address)

FEB 1 1944

JAN 28 1944

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.....

Licensed Embalmer No.....

P. O. Address.....

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.