

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

Do not use this space.

33672

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

w

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

R. W. Gillospy

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

10/1/1866

7. AGE YEARS

72

MONTHS

08

DAYS

19

If LESS than 1 day, hrs. or min.

OCCUPATION

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

House wife

9. Industry or business in which work was done, as silk mill, 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)

Shelby Co. Mo

13. NAME

R. W. Mc Veigh

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

Kentucky

15. MAIDEN NAME

Maudie Shultzfield

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

Mo

17. INFORMANT (ADDRESS)

R. W. Gillospy
Shelby Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

2007 Sullyville 6/21/1939

19. UNDERTAKER (ADDRESS)

William P. Barchette
Shelby Mo

20. FILED

June 22, 19

E. W. Gerard
Registrar

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

June 20, 1939

22. I HEREBY CERTIFY That I attended deceased from

1938, to June 20, 1939

I last saw her alive on June 20, 1939 Death is said

to have occurred on the date stated above, at 3 A.M.

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

Coronary of Coron - June 1938

46

Other contributory causes of importance:

Name of operation

Ray's Explor Exam

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

(Signed) J. L. Simpson, D.O.

(Address) Shelburne Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

