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

40329
Do not use this space.

1. PLACE OF DEATH
(a) County Montgomery Registration District No. 595
(b) Township Primary Registration District No. 4353 Registered No. 22
(c) City Wellsville Mo (d) Street No. St.
(e) Length of residence in city or town where death occurred 20 yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number) (f) How long in U.S., if of foreign birth? yrs. mos. ds.
445
2. PRINT FULL NAME Hermie Cottle Gilliland
(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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) WIFE OF W. R. Gilliland
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 27-1854
7. AGE YEARS 85 MONTHS — DAYS 11 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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. home
10. Date deceased last worked at this occupation (month and year) 2
11. Total time (years) spent in this occupation 4

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

FATHER
13. NAME Ora Cottle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Co Mo

MOTHER
15. MAIDEN NAME Elizabeth Reichley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Co Mo

17. INFORMANT Mrs Ethel Brown
(ADDRESS) Wellsville Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Wellsville Mo DATE 11-9-39
19. FUNERAL DIRECTOR (NAME) A B Fehr
(ADDRESS) Wellsville Mo
20. FILED Nov 9 1939 Mrs Mike McDermott, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7 1939
22. I HEREBY CERTIFY, That I attended deceased from Aug 1930 to Nov 7 1939
Last saw h. alive on Nov 1 1939 Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	Nov 7-39
54	
Other contributory causes of importance: Diabetes Mellitus	1930

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinic 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) R. G. Hereford M. D.
(Address) Wellsville Mo

R. G. HEREFORD, M. D.
WELLSVILLE, 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.

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, S. B. Th

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed S. B. Th

Licensed Embalmer No. 1588

P. O. Address Tellevile In

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.