

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

8530
Do not use this space.

1. PLACE OF DEATH

(a) County Wayne Registration District No. 65
 (b) Township St. Francis Primary Registration District No. 6192 Registered No. 3
 (c) City _____ or _____
 (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Mary E. Gill
 (a) Residence, No. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 14-1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 3 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Trunk Keeper
 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 _____

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

FATHER 13. NAME Lafayette Robottom

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co Mo.

MOTHER 15. MAIDEN NAME Martha Robottom

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co Mo.

17. INFORMANT (ADDRESS) Miss Cora Gill
Paterson Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Paterson Cemetery DATE Dec. 18 1937

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walter Y. Coder
Piedmont Mo.

20. FILED 1/20 1940 Mrs. T. M. Polk
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 17 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1937, to Dec 17, 1937

I last saw him alive on Dec 15, 1937. Death is said to have occurred on the date stated above, at 7:00 P. m.

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

Broncho-pneumonia Date of onset Dec 7/37

Other contributory causes of importance: 107 in

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) O. O. Myers, M.D.

(Address) Greenville, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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, or by.....

Yates & Coder
....., Registered Apprentice No.....
working under my personal supervision.

Signed *William Coder*
.....

Licensed Embalmer No. *3723*
.....

P. O. Address *Piedmont, 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.