No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1942

Registration District No. 72

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41339

Primary Registration District No. 4041

Registrar's No. 1

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

10
1
0

1. PLACE OF DEATH:

(a) County Boone

(b) City or town CENTRALIA Tun
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Boone 10

(c) City or town Centralia 1
(If outside city or town limits, write "RURAL") 0

(d) Street No. 404 S. Jefferson St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME SALOMA TUCKER GILLAM

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Chas. E. Gillam

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased 4 (Month) 27 (Day) 1873 (Year)

8. AGE: Years 68 Months 7 Days 10 If less than one day hr. min.

9. Birthplace Howard Co. (City, town, or county) Ind. (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Daniel Tucker
13. Birthplace Ohio 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louisa Seeke
15. Birthplace Ohio 1 (City, town, or county) (State or foreign country)

16. (a) Informant C. E. Gillam
(b) Address Centralia

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 9 41 (Month) (Day) (Year)
(c) Place: burial or cremation Centralia Mo

18. (a) Signature of funeral director M. J. McDonald
(b) Address Centralia Mo

19. (a) ~~12/9/41~~ (Date received local registrar) (b) F. H. Bardon MD (Registrar's signature)

1/5/42 36

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from June 16 1940, 19, to Dec. 7, 1941;
that I last saw her alive on Dec. 1, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic Pneumonia	3 days
Due to Recumbent Position General Debility	4 months
Due to Carcinoma of Right Breast with Metastases	5 years
Other conditions (Include pregnancy within 3 months of death) 50	

Major findings:
Of operations Carcinoma of right breast - 1937 or 38
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature E. J. Bestmann (M. D. or other) 20
Address Centralia, Mo. Date signed 12/9/41

(Licensed Embalmer's Statement on Reverse Side)

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 M J McDonald

Licensed Embalmer No. 2589

P. O. Address Centralia 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, fact should be so stated above.