

OCT 11 1943
Registration District No. **28**

Primary Registration District No. **2006-0120**

Registrar's No. **225**

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

1. PLACE OF DEATH:

(a) County **Boone**
(b) City or town **Columbia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **no**
(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

3. (a) PRINT FULL NAME **JAMES GILL**

3. (b) If veteran, name war **X** 3. (c) Social Security No. **X**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Cassie Rutherford Kirby Gill** 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased **Feb 14 1853**
(Month) (Day) (Year)

8. AGE: Years **90** Months **7** Days **5** If less than one day _____ hr. _____ min.

9. Birthplace **Fisherie Kingd / Scotland**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____
12. Name **Stewart Gill**
13. Birthplace **Bloodmeyer Scotland**
(City, town, or county) (State or foreign country)
14. Maiden name **ANN Duncan**
15. Birthplace **Fisherie Scotland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr R L McLaughlin**
(b) Address **Hiway 40 - Range Line**

17. (a) **Burial** (b) Date thereof **Sept 20-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **City Cem, Moberly**

18. (a) Signature of funeral director **Powderon**
(b) Address **Columbia Mo**

19. (a) **Sept 20 1943** (b) **Edna H Barber**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Boone** **10**
(c) City or town **Columbia** **2**
(If outside city or town limits, write "RURAL") **7**
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country, **Naturalized** (Yes or No) **1**
If yes, name country **Scotland**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **19th** year **1943** hour **12** minute **noon** M.

21. I hereby certify that I attended the deceased from **Sept 15th** 1943 to **Sept 19th** 1943 that I last saw him alive on **Sept 19th** 1943 and that death occurred on the date and hour stated above.

Immediate cause of death **Fractures of skull base of skull** Duration _____

Due to **Fall + emphysema + chronic Bright's Disease**

Due to _____
Other conditions (Includes pregnancy within 3 months of death) _____

Major findings: Of operations _____
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? _____

While at work? _____ (Specify type of place) Means of injury _____
23. Signature **Lloyd Simpson** (M.D. or other) _____
Address **506 Cherry St Columbia** Date signed **9-22-43**

1250

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.....

A. Wren

..... Licensed Embalmer No.....

3183

..... 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, fact should be so stated above.

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 2221

1. PLACE OF DEATH

(a) County Boone

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

(c) Name of hospital or institution: _____
(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)

3. (a) PRINT FULL NAME James Gill

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race N

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Feb 14
(Month) (Day) (Year)

8. AGE: Years 90 Months 7 Days _____ (less than one day) min.

9. Birthplace Scotland
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19 year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Sept 12th 1943 to Sept 19th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of neck of vertebrae
Duration

Due to Fall + senility + advanced Bright's Disease

Due to _____

Other conditions 186a
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

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) Fell on floor

(b) Date of occurrence Sept 12, 1943

(c) Where did injury occur? Columbia Boone County
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, or public place? Home of Robert McCashan
(Specify type of place)

While at work? no (e) Means of injury _____

23. Signature Lloyd Swinson (M. D. or other)

Address 806 Cherry St. Columbia Date signed 9/20-43

SUPPLEMENTARY

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

MOTHER FATHER

31150