

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 31 1944

Registration District No. 316

Primary Registration District No. 6074

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month 11 days
(Specify whether years, months or days) About 38 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Farmington
(If outside city or town limits, write "RURAL")
(d) Street No. 918 West Columbia
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LAURA ANN GILLESPIE - OUT PATIENT

(b) If veteran, name war No (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fred A. Gillespie 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased November 11, 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>7</u>	<u>11</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Dave Moran

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

14. Maiden name Martha Moore

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

16. (a) Informant Fred A. Gillespie

(b) Address 918 W. Columbia, Farmington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24, 1944
(Month) (Day) (Year)

(c) Place: burial or cremation New Calvary Cem., Farmington

18. (a) Signature of funeral director C. H. Cozean

(b) Address Farmington, Mo.

19. (a) 6-30-44 (Date received local register) (b) James Perkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22 year 1944 hour 9 minute 10 A.M.

21. I hereby certify that I attended the deceased from May 1 1944 to June 22 1944
that I last saw her alive on June 22 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma (Breast) w/ Metastasis

Duration 2 yrs.

Due to _____

Due to _____

Other conditions 50
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy No 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? ON, Mo.

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature James Perkins (M. D. or other) Address Farmington - Mo. Date signed 6/23/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
9400

1078

RECEIVED

District Health Officer No. 4
District File Number 744-4138
Date Filed 7-28-44

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 *C. McLean*

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.