

X37823

33696

State File No.

FILED OCT 23 1944

Registration District No.

Primary Registration District No. 1000

Registrar's No. 1025

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 109 Massachusetts
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 years (Specify whether years, months or days)
In this community 25 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 109 Massachusetts
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME Elmira Gilbert

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

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

6. (b) Name of husband or wife Thomas
6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 30 1870
(Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 24
If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business Self

12. Name James P. McCian

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

14. Maiden name Martha Jane Cox
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Opal McGuire (Daughter)
(b) Address 109 Massachusetts

17. (a) Burial (b) Date thereof 9/25/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director John C. [Signature]
(b) Address 6054 P. for Ave., City

19. (a) 9/25/44 (b) Helen J. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. 23 day 23
year 1944 hour 5 minute 00 A.M.

21. I hereby certify that I attended the deceased from Sept 23, 1944 to Sept 23, 1944
that I last saw him alive on Sept 23, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Dilatation
Duration 2 hours

Due to Myocardial infarction 2 days

Due to

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

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) (e) Means of injury

23. Signature Benjamin H. Pelis (M.D. or other)
Address 6207 Spring Hill Date signed 9-25-44

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

MOTHER FATHER

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