

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

Do not use this space.

40741

1. PLACE OF DEATH

County Henry
Township Springfield
City Clinton Mo.

Registration District No. 349
Primary Registration District No. 3500

File No.
Registered No. 34 St. Ward)

2. FULL NAME

Annie Mae Gillespie - Stubbins

(a) Residence. No. St. Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 6 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, less or 30 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ✓
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer ✓

9. BIRTHPLACE (CITY OR TOWN) Henry County, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Thomas H. Gillespie

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Levensworth Co
(STATE OR COUNTRY) Kansas

12. MAIDEN NAME OF MOTHER Jessie Maude Cole

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Henry Co
(STATE OR COUNTRY) Mo.

14. INFORMANT Thomas H. Gillespie
(Address) Clinton R. 8.

15. FILED 12-6-31 Mo. A. A. Gray
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 6 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 6 1931 to Dec 6 1931, and that I last saw her alive on Dec 6 1931, and that death occurred, on the date stated above, at 5:00 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Birth

159 (duration) yrs. mos. da. 30 min.

CONTRIBUTORY (SECONDARY) 159 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED ✓
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF ✓
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? ms
(Signed) D. A. Peard M. D.
, 19 (Address) Calhoun Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Oliv's Cemetery DATE OF BURIAL 12-6-1931

20. UNDERTAKER No Undertaker. ADDRESS

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.

1931

PREVIOUS RECORD

