

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.

JUL 23 1932

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

19307

1. PLACE OF DEATH

42 1/2 County Henry
7 Township Clinton
City Clinton (No.)

Registration District No. 347

File No.

Primary Registration District No. 3018

Registered No. 55-

2. FULL NAME

Braxton Lee Gilliam

(a) Residence, No. 416 So Main St. Ward.

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 12, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 8 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co Mo

13. NAME J C Gilliam

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

15. MAIDEN NAME Nancy Jane Lane

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co Mo

17. INFORMANT (ADDRESS) Mrs Minnie Gilliam Clinton

18. BURIAL, CREMATION, OR REMOVAL PLACE Cornville Cem DATE June 12, 1932

19. UNDERTAKER (ADDRESS) S. H. Sweeney Massena Mo

20. FILED 6/17 19 32 Ed C. Peelor Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 14 1932, to June 16 1932. I last saw him alive on June 14 1932. Death is said to have occurred on the date stated above, at 4:30 a.m. The principal cause of death and related causes of importance were as follows:

Sarcoma of jaw
450 45 10
Other contributory causes of importance: (D)

Name of operation..... L Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19..... Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury..... Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify (Signed) W. H. Husley, M. D. (Address) Clinton Mo

