

JUN 18 1935

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

Do not use this space.

18873

1. PLACE OF DEATH

County Andrew  
Township Rochester  
City Rochester (No. .... St. .... Ward)

Registration District No. 16  
Primary Registration District No. 5020

File No. ....  
Registered No. 3

2. FULL NAME Wm Gillibridge

(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 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED-OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lena Gillibridge</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 15, 1857</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>0</u>
	DAYS <u>17</u>	IF LESS than 1 day, .... hrs. or .... min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1935, to June 2, 1935.  
I last saw him alive on June 2, 1935. Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

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

Other contributory causes of importance:

None

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Concord</u> <u>Connecticut</u>
	13. NAME <u>Frank B Gillibridge</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Concord</u>
	15. MAIDEN NAME <u>Martha Swift</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Concord</u>

Name of operation .....

What test confirmed diagnosis? Chest Was there an autopsy? No

FATHER	17. INFORMANT (ADDRESS) <u>Mrs Robert Carpenter</u> <u>Helena</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Savannah</u> DATE <u>June 5</u> , 19 <u>35</u>
	19. UNDERTAKER (ADDRESS) <u>Fred Johnson</u> <u>Savannah</u>
	20. FILED <u>June 3</u> , 19 <u>35</u> <u>Ms. Bettie Boggs</u> Registrar.

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? .....

Where did injury occur? .....

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) E. M. Reynolds M. D.  
(Address) Union St. No. 110

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.

