FEB 17 1937

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

Do not use this space.

1060

1. PLACE OF DEATH
County: Henry — Registration District No. 347
Township: — Primary Registration District No. 3018 — File No.
City: Clinton (No. ... St. ... Ward) — Registered No.

2. FULL NAME James Warren Gilmore

(a) Residence, No. 513 Grand River 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Hattie Gilmore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 16 1858

7. AGE: Years 78 — Months 4 — Days 6 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Rail Road man
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:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Catlin Ill.

FATHER
13. NAME: D C Gilmore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hamilton Co Ohio

MOTHER
15. MAIDEN NAME: Angeline Robins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Butler Co Ohio

17. INFORMANT (ADDRESS): Lucy Gilmore Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Englewood DATE: 1/24 1937

19. UNDERTAKER (ADDRESS): Consolvo & Peck Clinton Mo

20. FILED 1-25 1937 J R Hanifan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1-21 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-1 1937, to 1-21 1937
I last saw h. alive on 1-18 1937. Death is said to have occurred on the date stated above, at 4 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	1-14-37
Coronary Sclerosis	1936

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? Physical. 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?
If so, specify:
(Signed) M L Walker, M. D.
(Address) Clinton Mo

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.

Walk