

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

MAR 19 1937

6022

1. PLACE OF DEATH  
 County Henry Registration District No. 347  
 Township White Oak Primary Registration District No. 5495  
 City Irish (No. ....) St. .... Ward ....

2. FULL NAME James B. Gillilan  
 (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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Mary A. Gillilan

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1937, to Feb 5 1937  
 I first saw him alive on Feb 5 1937 Death is said to have occurred on the date stated above, at 8 a. m.  
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 21 - 1861

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>75</u>	<u>10</u>	<u>6</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. and Stockman

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 40

Influenza (Date of onset)

Other contributory causes of importance: 118

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Country Missouri

FATHER 13. NAME James T. Gillilan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green Spring Co. Virginia

MOTHER 15. MAIDEN NAME Amanda J. McClung

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Irish Spring, Va.

Name of operation ..... Date of .....  
 What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? y Date of injury 4 1937  
 Where did injury occur? h (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 v

17. INFORMANT Mr. Mary A. Wright (ADDRESS) Denver - Colo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Irish Cem. DATE Feb 7 1937

19. UNDERTAKER Rolla, Graham (Smith & Grafton) (ADDRESS) Irish Mo.

20. FILED 2-13-37 J. R. Harnshten Registrar.

24. Was disease or injury in any way related to occupation of deceased? no  
 (Signed) J. W. Gullenath, M. D.  
 (Address) Irish Mo.

