

NOV 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County Henry  
Township Aurview  
City Deepwater (No. ....)

Registration District No. 351  
Primary Registration District No. 6492

File No. 37772  
Registered No. 137  
St. .... Ward)

2. FULL NAME

Henry Clay Gilkey

(a) Residence, No. Deepwater St. mo Ward.

Length of residence in city or town where death occurred 30 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-26-1937

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

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-6-1861

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 4:40 PM

7. AGE YEARS 76 MONTHS 3 DAYS 20 If LESS than 1 day, .....hrs. or .....min.

The principal cause of death and related causes of importance were as follows: Disease of Liver Date of onset

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

Other contributory causes of importance: None

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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aurview Mo

13. NAME Joseph Allen Gilkey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aurview Mo

15. MAIDEN NAME Susanna Richmond

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deepwater Mo

17. INFORMANT (ADDRESS) B W Bickel Ohio Post office

18. BURIAL, CREMATION, OR REMOVAL PLACE Crownington Mo DATE 10-27-37

19. UNDERTAKER (ADDRESS) Fred Wilkerson Clayton Mo

20. FILED 11-70 1937 J J Russell Registrar

Name of operation..... Date of..... What test confirmed diagnosis? Cholera Was there an autopsy? No

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) J J Russell M. D.

(Address) Deepwater

Every item of information 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.

OCCUPATION  
FATHER  
MOTHER

