

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

Do not use this space.

**JAN 22 1929**

**1. PLACE OF DEATH**

County Jefferson  
Township Palp  
City Palp (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 5364  
Primary Registration District No. 242

File No. 40072  
Registered No. \_\_\_\_\_

**2. FULL NAME**

Abraham Wiley Van Gilder

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Male | **4. COLOR OR RACE** White | **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Married

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Mary W. Van Gilder

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Sept. 25, 1851

**7. AGE** YEARS MONTHS DAYS | If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
77 | 3 | 1

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work General farming  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)** Knoxville  
(STATE OR COUNTRY) Ill.

**10. NAME OF FATHER** Unknown

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)** Holland  
(STATE OR COUNTRY) \_\_\_\_\_

**12. MAIDEN NAME OF MOTHER** Unknown

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)** Unknown  
(STATE OR COUNTRY) \_\_\_\_\_

**14. INFORMANT** Paul Van Gilder  
(Address) Union Star, MO

**15. FILED** 12/26, 1928 E M Reynolds  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Dec. 26 1928

**17. I HEREBY CERTIFY** That I attended deceased from Sept 1928 to Dec 26 1928 that I last saw alive on Dec 26 1928, and that death occurred, on the date stated above, at 2:00 A m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Myocarditis  
7300  
56E (duration) \_\_\_\_\_ yrs. 6 mos. \_\_\_\_\_ ds.  
**CONTRIBUTORY (SECONDARY)** Arteriosclerosis, Rheumatism  
(duration) \_\_\_\_\_ yrs. 4 mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED** \_\_\_\_\_  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

**8 DID AN OPERATION PRECEDE DEATH** \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
(Signed) E M Reynolds M. D.  
12/26, 1928 (Address) Union Star, MO

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** Union Star Cemetery **DATE OF BURIAL** 12/27 1928

**20. UNDERTAKER** H. Wilson **ADDRESS** Spring City, MO

K. E.—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.

WHITE PRINT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

