

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

Do not use this space.

39803

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph, (No. St. Joseph's Hospital)

File No. _____
Registered No. 1484
St. _____ Ward)

2. FULL NAME Rolland Roy Gillip

(a) Residence. No. _____ St. _____ Ward. Amity, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-----------------------|----------------------------------|---|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married,</u> |
|-----------------------|----------------------------------|---|

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Virgie Lucile Gillip,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 31, 1896

| | | | | |
|--------|-----------|----------|-----------|--|
| 7. AGE | YEARS | MONTHS | DAY | IF LESS than 1 day, _____ hrs. or _____ min. |
| | <u>33</u> | <u>4</u> | <u>23</u> | |

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Pettis County,
(STATE OR COUNTRY) Missouri,

| | |
|---------|---|
| PARENTS | 10. NAME OF FATHER <u>Robert J. Gillip,</u> |
| | 11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Boone Co.,</u> (STATE OR COUNTRY) <u>Missouri,</u> |
| | 12. MAIDEN NAME OF MOTHER <u>Martha J. Gourley,</u> |
| | 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Pike County</u> (STATE OR COUNTRY) <u>Missouri,</u> |

14. INFORMANT O. F. Gillip
(address) 1125 Ridenbaugh Street,

15. FILED DEC 28 1929 19 _____
John Y. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 24, 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1929, to Dec 24, 1929 that I last saw h. last alive on Dec 24, 1929, and that death occurred, on the date stated above, at 11:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Reported Gangrenous Appendicitis
Septic Peritonitis
(duration) _____ yrs. mos. 6 ds.
CONTRIBUTORY (SECONDARY) _____
(duration) _____ yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Amity, Mo.
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Dec 10-19
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. J. Schmidt, M. D.

Dec 15, 1929 (Address) St Joseph, 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 <u>Union Chapel Cemetery</u> | DATE OF BURIAL <u>Dec. 29 19 29</u> |
|--|--|

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|--|---------------------------------|
| 20. UNDERTAKER <u>Heaton Bell, & Brown</u> <u>Funeral Home</u> | ADDRESS <u>319 S. 10 St.</u> |
|--|---------------------------------|

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. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1947

The following is a list of the names of the persons who were present at the meeting held on the 15th day of May, 1947, at the residence of the undersigned, at the address of 1234 Main Street, New York, New York.

The names of the persons present are as follows:

Mr. J. Edgar Hoover
 Mr. E. A. Tamm
 Mr. Clegg
 Mr. Glavin
 Mr. Ladd
 Mr. Nichols
 Mr. Rosen
 Mr. Tracy
 Mr. Carson
 Mr. Egan
 Mr. Gurnea
 Mr. Hendon
 Mr. Pennington
 Mr. Quinn
 Mr. Nease
 Mr. Gandy

The undersigned, J. Edgar Hoover, is the Director of the Federal Bureau of Investigation, United States Department of Justice.

Witness my hand and the seal of the Federal Bureau of Investigation, at Washington, D. C., this 15th day of May, 1947.

J. Edgar Hoover
 Director

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