

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

Do not use this space.

32222

1. PLACE OF DEATH

County Randolph Registration District No. 735
Township Moberly Primary Registration District No. 3034
City Moberly (No. Wabash Hospital)

File No.
Registered No. 189 St. Ward)

2. FULL NAME Thomas E. Gill

(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

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. About 79

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

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 COUNTRY)

FATHER 13. NAME

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oakland, Moberly, Mo DATE Sept 21, 1931

19. UNDERTAKER (ADDRESS) Max E. Kessler, Moberly, Mo.

20. FILED Sept 19, 1931 Rob. D. Fleming Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 18th, 1931

22. I HEREBY CERTIFY, That I attended deceased from

Aug 28, 1931, to Sept 18, 1931.

I last saw him alive on Sept 18, 1931. Death is said to have occurred on the date stated above, at 4:06 a.m.

The principal cause of death and related causes of importance were as follows:

1. Fractured left hip due to accidental fall at home Date of onset 8/28/31

186A
119A
118A

Other contributory causes of importance:

Pulmonary Embolus

Name of operation 186A Date of 8/28/31
What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Fall Date of injury 8/28, 1931

Where did injury occur? Kansas City, Missouri
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

At home
Manner of injury Fell off of stair step

Nature of injury Fractured left hip

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Max E. Kessler, M. D.

(Address) Wabash Hospital
Moberly, 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.

WRITE CLEARLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

OCT 26 1931

