

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

Do not use this space.

26138

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City R. O. Mo. (No. 4)

Registration District No. 399  
Primary Registration District No. 1002

File No. 3046  
Registered No. 3046  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

William P. Gillaspie

(a) Residence, No. 7 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 24 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
55 5 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Farm  
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) Jackson, Mo.

MOTHER 13. NAME Thomas Gillaspie

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

15. MAIDEN NAME Mary Rafter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT John P. Gillaspie  
(ADDRESS) 112 1/2 S. 18th W. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE Aug 8 1932

19. UNDERTAKER Simmons & Co  
(ADDRESS) W. Mo.

20. FILED Aug 7 3 21 M. M. Crowe  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6 1932

22. I, HEREBY CERTIFY, That I attended deceased from Deputy Coroner to \_\_\_\_\_, 19\_\_\_\_.

I last saw him \_\_\_\_\_ give on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

acute dilatation heart  
hypertension  
Date of onset \_\_\_\_\_

Other contributory causes of importance: hypertension

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? autopsy Was there an autopsy? \_\_\_\_\_

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) Samuel W. Hays, M. D.

(Address) Deputy Coroner

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.

