

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 398
Township Blue Primary Registration District No. 5234
City Independence (No. 1809 Sterling)

File No. 5601
Registered No. 70
St. _____ Ward _____

2. FULL NAME

Mary Ann Gillis
(a) Residence No. 206 East Whit oak 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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martin Gillis
6. DATE OF BIRTH (MONTH, DAY AND YEAR) JUNE 14-1880
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
52 6 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House maid
(b) General nature of industry, business, or establishment in which employed (or employer) Saisie G. Root
(c) Name of employer 1809 Sterling Ave

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Logan County Missouri
10. NAME OF FATHER Logan Sullivan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) unknown Missouri
12. MAIDEN NAME OF MOTHER Cora Thomas
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown Missouri

14.

INFORMANT Martin Gillis
(Address) 206 East Whit oak

15.

FILED Feb 27 1933 Dr. F. L. Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 25 1933

17. I HEREBY CERTIFY, That I attended deceased from Jan, 1933, to Feb 25, 1933, that I last saw him alive on Feb 27, 1933, and that death occurred, on the date stated above, at NOR. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of breast
1 1/2 (duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. E. Nefferson, M. D.

Feb 27, 1933 (Address) Independence 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

DATE OF BURIAL

Highland Cemetery 2-28 1933
20. UMBERTAKER Carroll Funeral Home, Ind. Mo ADDRESS _____

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.

