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

Do not use this space.

9366

File No.
Registered No. 10

APR 22 1933

1. PLACE OF DEATH
County Iron
Township Arcadia
City Baptist Home (No. , St. Ward)
Registration District No. 391
Primary Registration District No. 5546a

2. FULL NAME Mrs Martha Gilmore

(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 3 yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1-1849

7. AGE 84 YEARS | MONTHS — | DAYS — | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inmate
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baptist Home
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) Davis Mo

FATHER
13. NAME John Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER
15. MAIDEN NAME Agnes Trail
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT D Glatt (ADDRESS) Ironton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Silex Mo DATE Mar 3rd 1933

19. UNDERTAKER W. R. Vomund (ADDRESS) Silex Mo

20. FILED Mar 2 1933 R. A. Rasche Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 1 - 1933

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1931, to Mar 1, 1933
I last saw h~~er~~ alive on July 24, 1933 Death is said to have occurred on the date stated above, at 4-40 p m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Brights Disease | |
| 13 yrs | |

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

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) E. L. Bamhouse, M. D.
(Address) Ironton Mo

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