

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

Do not use this space.

11173

1. PLACE OF DEATH

County Jasper Registration District No. 411
 Township Jackson Primary Registration District No. 2002
 City (No. Deerwag, Mo.) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

Mr. William Leon Gilliam
 (a) Residence, No. Deerwag, Mo. 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

MEDICAL CERTIFICATE OF DEATH

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 Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 22 - 1851
 7. AGE YEARS 85 MONTHS 1 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27 1936
 22. I HEREBY CERTIFY, That I attended deceased from March 17 1936 to March 27 1936
 I last saw him alive on March 27 1936 Death is said to have occurred on the date stated above, at 3:30 P.M.
 The principal cause of death and related causes of importance were as follows:

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. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Date of onset _____
Arterial-Sclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina
 13. NAME W. L. Gilliam
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina
 15. MAIDEN NAME Mary Jane Gilliam
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

Other contributory causes of importance _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

17. INFORMANT Toney Gilliam (ADDRESS) Deerwag, Mo.
 18. BURIAL CREMATION, OR REMOVAL PLACE Pineville, Mo. DATE Mar 29 1936
 19. UNDERTAKER P. L. Carnell (ADDRESS) Pineville, Mo.
 20. FILED 3-28-36 1936 Ed D. James Registrar.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury _____
 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 Arterial-Sclerosis (Signed) W. Brookshire, M. D.
 (Address) Joplin, Mo.

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

