

JUN 25 1936

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

Do not use this space.

20421

1. PLACE OF DEATH

County Randolph

Registration District No. 795

Township Moberly

Primary Registration District No. 3034

City Moberly (No. _____)

File No. _____
Registered No. 114 Ward _____

2. FULL NAME

Mrs Elizabeth Gilstrap,

(a) Residence, No. 537 Hagood St

St. _____ Ward. Bever, Mo.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. _____ ds.

How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12th 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Did not attend, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20 -1855

I last saw h. _____ alive on Did not see, 1936 Death is said to have occurred on the date stated above, at 6 A.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 80 10 22

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

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

Senility
Heart failure
with arteriosclerosis

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 _____

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bever Mo.

Diabetes
Skin Cancer

13. NAME Robert Grimes,

Name of operation _____ Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME Le Grande Shoemaker

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1936

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co. Mo.

Where did injury occur? _____ (Specify city or town, county, and State)

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

17. INFORMANT Mrs Elmer Thomas (ADDRESS) Moberly, Mo.

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Bever Cemetery DATE May 13- 36

Nature of injury _____

19. UNDERTAKER Snow Funeral Home (ADDRESS) Moberly Mo.

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

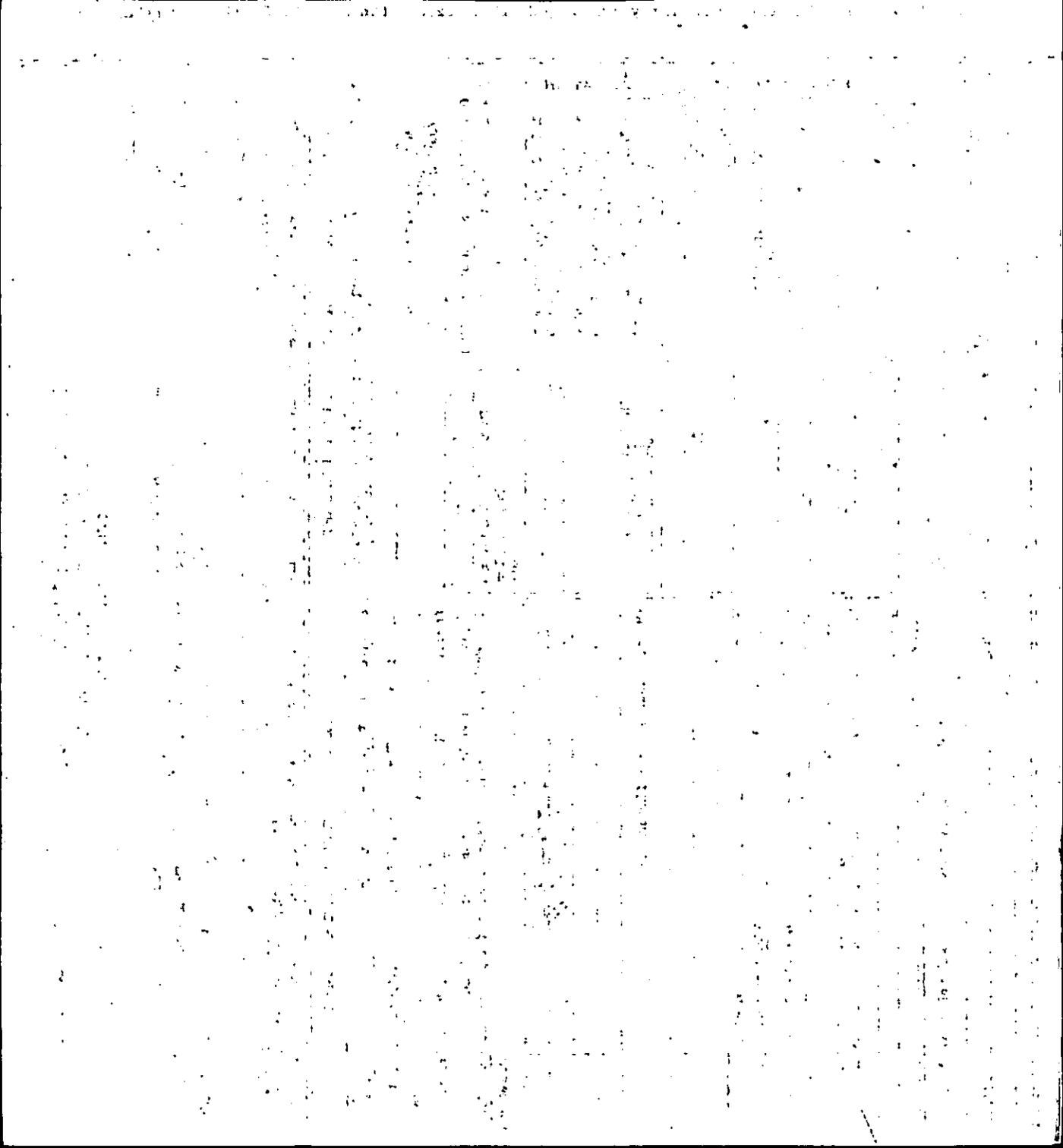
If so, specify _____

20. FILED 9/13 1936 Virginia Walker Registrar

(Signed) Gene Maddox M. D.

(Address) Moberly, Mo.

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



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

Do not use this space.

1. PLACE OF DEATH

County Randolph

Registration District No. 135

File No.

Township

Primary Registration District No. 3034

Registered No.

City Moberly (No.) St. Ward)

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

7

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

W

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.

80

10

22

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER (ADDRESS)

20. FILED

1/17 1936 Virginia Walker Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from

19..... to..... 19.....

I last saw h..... alive 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:

Date of onset

Other contributory causes of importance:

Skin cancer
Metastasis - Overall part of
Primary seat unknown

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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) G. Maddox M. D.

(Address) Moberly

SUPPLEMENTAL

CAUSE OF DEATH in plain terms, so that it may be properly understood.

12H02-S