

SEP 16 1936

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

Do not use this space.

29756

1. PLACE OF DEATH

County Andre, Registration District No. 11
Township Jackson, Primary Registration District No. 5015
City 3 1/2 Miles N. E. Fillmore, Mo. (No. 3 1/2 Miles N. E. Fillmore, Mo. St. Ward)

File No.
Registered No. 15

2. FULL NAME

Gideon Glenn Gillispie,

(a) Residence, No. 3 1/2 Miles N. E. Fillmore, Mo. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 44 yrs. 0 mos. 6 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*) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hortense Gillispie,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 9 1891
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 0 6
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. Farm
10. Date deceased last worked at this occupation (month and year) August 1936 11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew County, Missouri,
13. NAME Edward Gillispie,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew County, Missouri,
15. MAIDEN NAME Anna C. Roberts,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew County, Missouri,
17. INFORMANT (ADDRESS) Mrs. G. H. Gillispie, R. F. D. # 2, Rosendale, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Fillmore Cemetery Aug. 18, 1936
19. UNDERTAKER (ADDRESS) Heaton B. Gable & Bowman, St. Joseph, Mo. Funeral Home
20. FILED Aug 18, 1936 G. W. Cole Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 15, 1936
22. I HEREBY CERTIFY, That I attended deceased from August 15, 1936, to August 15, 1936. I last saw him alive on August 15, 1936. Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:

Acute Insufficiency Date of onset July, 1936
920
Other contributory causes of importance: Real Exhaustion

Name of operation None Date of
What test confirmed diagnosis? Clinical 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) Geo. H. Gable, M. D.
(Address) Fillmore, Mo.

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.

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