

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.

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

Do not use this space.

30410

1. PLACE OF DEATH

County Daviess  
Township Lincoln  
City (No. ....) .....

Registration District No. 252  
Primary Registration District No. 3352

File No. ....  
Registered No. 10 .....

2. FULL NAME

India V. Gilliland

(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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Oliver W. Gilliland</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 26-1852</u>			
7. AGE	YEARS	MONTHS	DAYS
	<u>84</u>	<u>2</u>	<u>24</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
	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) <u>1926</u>		11. Total time (years) spent in this occupation .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 19 1926  
22. I HEREBY CERTIFY, That I attended deceased from Aug 14 1926 to Aug 18 1926  
I last saw him alive on Aug 18 1926. Death is said to have occurred on the date stated above, at 2 a.m.

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

Stroke

Date of onset 8-16-26

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Other contributory causes of importance: Heart Stroke

8-14-26

Name of operation .....

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? .....

Manner of injury .....

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

(Signed) R. V. Thompson, M. D.  
(Address) Garnersport, Mo.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>State of Virginia</u>
	13. NAME <u>Faulstich, V. Page</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>State of Virginia</u>
	15. MAIDEN NAME <u>Martha A. Sayers</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>State of Virginia</u>
	17. INFORMANT (ADDRESS) <u>Miss Martha Gilliland, Garnersport, Mo. 270</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Garnersport, Mo.</u> DATE <u>Aug 21 1926</u>
	19. UNDERTAKER (ADDRESS) <u>W. O. Haines, Garnersport, Mo.</u>
	20. FILED <u>Aug 21 1926</u> <u>W. L. Wilson</u> Registrar.

