

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

Do not use this space.

35391

OCT 21 1936

1. PLACE OF DEATH

County St. Clair
Township Center
City Ossola Mo. (No. _____)

Registration District No. 764
Primary Registration District No. 6007

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) 1908 (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 20 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 6 16

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Abingdon Ill

13. NAME J. A. Gillett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Given Ohio

15. MAIDEN NAME Mary Blue

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Given Kentucky

17. INFORMANT Lloyd Gillett (ADDRESS) Ossola Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Concord Cemetery DATE 9/8/1936

19. UNDERTAKER H. G. Austin (ADDRESS) Louis City Mo

20. FILED 9/8 1936 J. R. Carter Registrar.

Monegan Spgs Mo

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/6/1936

22. I HEREBY CERTIFY, That I attended deceased from Med Nat, 1936, to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 9 A m.

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

Coronary Insufficiency Date of onset _____

No medical treatment was taken after death

Other contributory causes of importance: _____

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) E. S. Stratton, M. D.

(Address) Louis City

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.

