

SEP 15 1937

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

Do not use this space.

30146

## 1. PLACE OF DEATH

County..... BUCHANAN  
Township..... WASHINGTON  
City..... ST. JOSEPH, Mo.

(No. 1831 Union

Registration District No. 85  
Primary Registration District No. 1001

File No. ....  
Registered No. 872  
St. .... Ward)

## 2. FULL NAME MARY JANE GILMORE

(a) Residence, No. 1831 UNION ST. St. .... Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 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 WIDOW OF GEORGE W. GILMORE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 4, 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
85 5 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE  
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) UNK 11. Total time (years) spent in this occupation UNK

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) AGENCY, MISSOURI.

13. NAME JAMES POWELL

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

15. MAIDEN NAME UNKNOWN

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

17. INFORMANT MRS. C. W. WILSON, DAUGHTER, (ADDRESS) 1831 UNION ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE WALNUT GROVE CEM. HIGHLAND, KANS DATE AUG. 11, 1937

19. UNDERTAKER FLEEMAN &amp; SON INC. (ADDRESS) 1946 COL HOUN ST. ST. JOSEPH, MO.

20. FILED 8/10 19.37 H. H. H. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUGUST 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1937, to Aug 9, 1937

I last saw her alive on Aug 9, 1937. Death is said to have occurred on the date stated above, at 10:50 P. M.

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

Chronic myocardial Insufficiency  
Date of onset unknown

Other contributory causes of importance: Arteriosclerosis General unknown

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? No

If so, specify

(Signed) Gustav H. Han M. D.  
(Address) 1100 1/2 N. 1st St. St. Joseph, 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.

