

REC'D ARR 19 1938

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

10813  
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 318  
 (b) Township Springfield Primary Registration District No. 2001  
 (c) City Springfield (d) Street No. Springfield Baptist Hospital Registered No. 288  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (e) Length of residence in city or town where death occurred 7 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME SUSAN GILLIAM 450

(a) Residence, No. 914 N. Gleaton St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 John D. Gilliam

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 15, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
 79 3 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home wife  
 9. Industry or business in which work was done, as 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) Scott Co. Va.

FATHER 13. NAME Glenwright Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott Co. Va.

MOTHER 15. MAIDEN NAME Mary Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott Co. Va.

17. INFORMANT (ADDRESS) James B. Gilliam

18. BURIAL, CREMATION, OR REMOVAL PLACE East Lawn DATE April 1, 1938

19. FUNERAL DIRECTOR (ADDRESS) Springfield

20. FILED Apr 1 1938 Local Registrar George H. Hall (Address) 500 Holland Bldg. Springfield, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-18-, 1938, to 3-31-, 1938

I last saw h. e. R. alive on 3-30-, 1938. 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:

Pneumonitis  
Right Lower Lobe

Date of onset 3-11-38

Other contributory causes of importance:

Myocarditis & Generalized Arteriosclerosis

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

What test confirmed diagnosis? X-ray 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) George H. Hall, M. D.

(Address) 500 Holland Bldg. Springfield, Mo.

WHITE-CARBONET, 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.

STATEMENT BY LICENSED EMBALMER

I, Fred C. Thieme, Licensed Embalmer No. 2899

hereby certify that the body recorded on the reverse side of this certificate was embalmed by self

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed Fred C. Thieme

Licensed Embalmer No. 2899

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**