

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

14457

Do not use this space.

## 1. PLACE OF DEATH

(a) County DaviessRegistration District No. 250

(b) Township

Primary Registration District No. 4150Registered No. 15(c) City Gallatin

(d) Street No. \_\_\_\_\_ 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.

(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Melissa J. Gillilan445(a) Residence, No. Gallatin, Mo. 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)

Widowed

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

William J. Gillilan

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

Oct. 6, 1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

8460Life

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home9. Industry or business in which work was done, as saw mill, bank, etc. XX10. Date deceased last worked at this occupation (month and year) Jan. 193211. Total time (years) spent in this occupation Life

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

Middleberry Missouri

13. NAME

Rufus King

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

Unk. Missouri

MOTHER

15. MAIDEN NAME Henrietta Williams

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

Unk. Missouri17. INFORMANT Mrs. E. D. Mann(ADDRESS) Gallatin, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Brown Cemetery DATE Apr. 8 193819. FUNERAL DIRECTOR (NAME) Hope Furn. & Und. Co(ADDRESS) Gallatin, Mo.20. FILED Apr. 7 1938W. H. Hope  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6 193822. I HEREBY CERTIFY, That I attended, deceased from Jan. 1 1931, to April 6 1938I last saw her alive on April 6 1938. Death is said to have occurred on the date stated above, at 11 P. M.

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

Debility of age

Date of onset

Other contributory causes of importance: 16 ft.

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? No

If so, specify \_\_\_\_\_

(Signed) L. P. Booher, M. D.(Address) Gallatin, Mo.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_

L. O. Richesson

, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_



Licensed Embalmer No. 33024

P. O. Address Callatin, Mo.

**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.)**

**If this body is not embalmed, above space should be left blank.**