

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.

REC'D SEP 9 1938

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

28184
Do not use this space.

1. PLACE OF DEATH

(a) County Andrew Registration District No. 13

(b) Township 1 Primary Registration District No. 4010 Registered No. _____

(c) City Savannah (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number)

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

2. PRINT FULL NAME Anna E. Gillispie 42-1

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 23 - 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 74 9 20

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at Home

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) Andrew mo

FATHER

13. NAME Sideon Roberts

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

MOTHER

15. MAIDEN NAME Delila Townsend

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) un known Ind.

17. INFORMANT Mrs. Elizabeth Baum (ADDRESS) Savannah mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Fillmore DATE 8-15-1938

19. FUNERAL DIRECTOR E. C. Breit (ADDRESS) Savannah mo

20. FILED Aug 15 1938 Mrs. A. R. King Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13 1938

22. I HEREBY CERTIFY, That I attended deceased from July 7 1938 to Aug 13 1938

Last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 9:50 a.m.

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

Myocarditis

Date of onset 1-7-38

Other contributory causes of importance: three

Name of operation _____ Date of _____

What test confirmed diagnosis Physiomet. Was there an autopsy? Yes

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? Yes

If so, specify _____

(Signed) M. P. Kelly M. D.

12 (Address) Savannah mo

STATEMENT BY LICENSED EMBALMER

I, E. C. Breit, Licensed Embalmer No. 2650

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

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed E. C. Breit

Licensed Embalmer No. 2650

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.)