

SEP 20 1938

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

28584  
Do not use this space.

1. PLACE OF DEATH

(a) County Cass Registration District No. 152  
(b) Township \_\_\_\_\_ Primary Registration District No. 4088 Registered No. \_\_\_\_\_  
(c) City Garden City (d) Street No. \_\_\_\_\_ (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 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Abraham Gilliom 450

(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 Male 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 Mary Gilliom

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 11 - 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
84 2 29

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

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) Ohio

13. NAME Abraham Gilliom

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

15. MAIDEN NAME Anna Hofstetter

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

17. INFORMANT D. B. Gilliom  
(ADDRESS) Holden - Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Medford Emtery DATE May 14 38

19. FUNERAL DIRECTOR T. W. Goodman  
(ADDRESS) Holden Mo.

20. FILE May 13 1938 Geoff Griffith  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11 1938

22. I HEREBY CERTIFY, That I attended deceased from May 2 1938 to May 11 1938  
I last saw him alive on May 11 1938 Death is said to have occurred on the date stated above, at 5:00 P.M.  
The principal cause of death and related causes of importance were as follows:

Pneumonia  
Myocarditis  
decompensation  
Date of onset May 5-38  
Other contributory causes of importance: Chr. Myocarditis & decompensation - 2 yrs

Name of operation none Date of \_\_\_\_\_  
What was the diagnosis? Chronic Myocarditis & decompensation

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? none 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) Geo. W. Griffith, M. D.  
147 (Address) Garden City, 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.

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STATEMENT BY LICENSED EMBALMER

I, W. Goodman, Licensed Embalmer No. 2424

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 W. Goodman

Licensed Embalmer No. 2424

**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.)**