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 FEB 16 1939

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

2507
Do not use this space.

1. PLACE OF DEATH
(a) County Howell — Registration District No. 386
(b) Township Benton — Primary Registration District No. 5538 — Registered No. 15
(c) City ..... (d) Street No. ..... St.
(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 2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME GEORGE WASHINGTON WILLIAM TIPTON GILLEY
(a) Residence, No. Moody, 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: 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: Martha Patterson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 13, 1860
7. AGE: 78 Years, 2 Months, 23 Days — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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.: Own Farm
10. Date deceased last worked at this occupation (month and year): Jan 1939
11. Total time (years) spent in this occupation:

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

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY):

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY):

17. INFORMANT: Clyde Gilley
(ADDRESS) Hardesty, Okla.
18. BURIAL, CREMATION, OR REMOVAL: Removal
PLACE Wakita, Okla. DATE Jan. 6, 1939
19. FUNERAL DIRECTOR (NAME): Hal Thornburgh
(ADDRESS) West Plains, Mo.
20. FILED Jan. 11 1939 Fannie B. Black Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 6, 1939
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental,	

Other contributory causes of importance:
Accidental discharge of 410 ga. shotgun into left breast while climbing fence.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1/5/ 1939
Where did injury occur? Moody, Howell Co., Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
On own farm
Manner of injury Gunshot wound into left breas
Nature of injury sudden death

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) Wayne C. Thornburgh Coroner D.
(Address) West Plains, Mo.

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(Licensed Embalmer's Statement on Reverse Side)

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, Hal Thornbur

....., or by .....

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

Signed Hal Thornburgh

Licensed Embalmer No. 3408

P. O. Address West Plains, Mo.

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

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