

28980

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 231

REC'D SEP 15 1939 231

Registration District No. _____

Primary Registration District No. 4141

Registrar's No. 4141

1. PLACE OF DEATH:

(a) County Crawford
(b) City or town Steelville Mo
(c) Name of hospital or institution at Residence Steelville Mo
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County 5
(c) City or town _____
(d) Street No. _____
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME J. M. Gillies 112

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 9 M 5. Color or race W 6. (a) Single, widowed, divorced, married

6. (b) Name of husband or wife Matilda Metcalf 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased November 8 1853
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>8</u>	<u>8</u>	hr. _____ min. _____

9. Birthplace St Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business None

12. Name John Gillies

13. Birthplace St Louis
(City, town, or county) (State or foreign country)

14. Maiden name Mary Fenwick

15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs J M Hallbert

(b) Address Steelville Missouri

17. (a) _____ (b) Date thereof 7-14-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Steelville Mo

18. (a) Signature of funeral director J J Daniels

(b) Address Steelville Mo

19. (a) 9-8-39 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11-1939
year 1939 hour 8:2 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan 1, 1930
July 11, 1939, to July 11, 1939
that I last saw him alive on July 10, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular disease of heart Duration _____

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J O Farmer (M. D. or other) _____
Address Steelville Mo Date signed 7-12-39

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

RECEIVED

working under my personal supervision,
District Health Officer No. 5,

District File Number 939 212

Date Filed 9-11-39

....., Registered Apprentice No.

Signed L. J. Jones
Licensed Embalmer No. 2379

P. O. Address Hulville W.

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

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

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

28980
Do not use this space.

1. PLACE OF DEATH

(a) County Crawford Registration District No. 231
(b) Township Steelville Primary Registration District No. 4141 Registered No.
(c) City Steelville mo (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Ebenizer m. St. Gillies
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M
(write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
85 8 8

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

13. NAME John Gillies

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 9/8 1939
E. B. Lutes
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-11 1939

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him 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:

Other contributory causes of importance:

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?

If so, specify. (Signed) R. C. Parker M. D.
(Address) Steelville mo

SUPPLEMENTARY

50M-51720
Rev. 7-1-39
WITH UNPAID PERMANENT RECORD

Every item of information should be carefully supplied. GE 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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