

REC'D SEP 8 1939

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

29015  
Do not use this space.

1. PLACE OF DEATH

(a) County DeKalb Registration District No. 262  
(b) Township Polk Primary Registration District No. 4161  
(c) City Union Star, Mo. (d) Street No. \_\_\_\_\_ St.  
(e) Length of residence in city or town where death occurred 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Martha Jane Gillip  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
Union Star, Mo.  
(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) Widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8, 1854  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 84 11 6  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
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) April 1937 11. Total time (years) spent in this occupation \_\_\_\_\_  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bowling Green Mo.  
13. NAME Frankie Gourley  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia Mo.  
15. MAIDEN NAME Elizabeth Farmer  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bowling Green Mo.  
17. INFORMANT (ADDRESS) J. E. Gillip Union Star Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star, Mo. DATE Aug 17, 1939  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lucile M. Wilson King City, Mo.  
20. FILED Aug 15, 1939 E. M. R. [Signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14, 1939  
22. I HEREBY CERTIFY, That I attended deceased from March 1937, to August 14, 1939  
I last saw h. ex. alive on August 14, 1939. Death is said to have occurred on the date stated above, at 11:25 a.m.  
The principal cause of death and related causes of importance were as follows:  
Arteriosclerosis  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Diagnosis Was there an autopsy? No  
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 Arteriosclerosis  
(Signed) Arthur E. Gorchelwood, M.D.  
(Address) Union Star, Mo.

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.

RECEIVED

District Health Officer No. 171

District File No. 939-437

SEP 7 1939

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Lucile M. Wilson

Licensed Embalmer No. 2830

P. O. Address King City, 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.