

MARGIN RESERVED FOR BINDING

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

V. S. Form No. 2.
50M-5-17-39
Rev. 5-17-39
U. S. G. P. 1 x 31/32

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAR 8 - 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7017

State File No. _____

Registration District No. 417

Primary Registration District No. 3021

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Webb City

(c) Name of hospital or institution: 401 EAST SECOND

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days 4 5 0

3. (a) PRINT FULL NAME George W. Gilliam

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Esther Gilliam 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Feb 5 1882

(Month) (Day) (Year)

8. AGE: Years 58 Months 0 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Virginia (City, town, or county) (State or foreign country)

10. Usual occupation Miner

11. Industry or business _____

MOTHER FATHER

12. Name JOSEPH GILLIAM

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

14. Maiden name MARTHA DLEDSOE

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

16. (a) Informant's own signature Esther Gilliam

(b) Address Webb City MO

17. (a) Burial (b) Date thereof Feb 22 1940

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Casterville Tenn

18. (a) Signature of funeral director Webb City Ind Co

(b) Address Webb City Mo 377

19. (a) FEB. 22. 40 (b) J. T. Critchfield

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Webb City (If outside city or town limits, write "RURAL")

(d) Street No. 401 East St (If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21 year 1940 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb 20 1940, to Feb 21 1940

that I last saw him alive on _____, 19____

and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to Influenza

Due to _____

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

Major findings: _____

Of operations HN

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____ (City or town) (County) (State)

(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 Dr. Geo. Sauer M. D. or other _____

Address Webb City Mo Date signed Feb 21 40

RECEIVED

District Health Officer No. 6,

District File Number 340-688

Date Filed MAR 7 1940

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 myself

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

Signed Clayton M. Johnston

Licensed Embalmer No. 3, 222

P. O. Address Walt 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.