

FILED JUN 20 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18590

Registration District No. 388

Primary Registration District No. 5542

Registrar's No.

1. PLACE OF DEATH:

- (a) County: Hawkeye
 (b) City or town: Peace Valley, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 72 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Louise Walter Gilliam8. (b) If veteran, name war: no 8. (c) Social Security No. ✓4. Sex: ma 5. Color or race: wh 6. (a) Single, widowed, married, divorced: m6. (b) Name of husband or wife: Aquilla Heliane 6. (c) Age of husband or wife if alive: 72 years7 Birth date of deceased: Oct 30 - 1858
(Month) (Day) (Year)

8. AGE: 82 Years Months Days If less than one day hr. min.

9. Birthplace: Tennessee
(City, town, or county) (State or foreign country)10. Usual occupation: weaving & farming11. Industry or business: ✓12. Name: Thos. Heliane13. Birthplace: Tennessee
(City, town, or county) (State or foreign country)14. Maiden name: Caroline Prud15. Birthplace: Tennessee
(City, town, or county) (State or foreign country)16. (a) Informant: Mrs. J. W. Heliane(b) Address: Peace Valley, Mo17. (a) Burial (b) Date thereof: 5/13-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation: New Hope18. (a) Signature of funeral director: Robt. L. Mottley(b) Address: West Plains, Mo19. (a) (Date received local registrar) (b) (Registrar's signature) ✓

2. USUAL RESIDENCE OF DECEASED:

- (a) State: Missouri (b) County: Hawkeye
 (c) City or town: Peace Valley
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 82 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1940 hour 6 minute 10 P. M.21. I hereby certify that I attended the deceased from May 4th, 1940
to May 11, 1940
that I last saw him alive on May 10th, 1940
and that death occurred on the date and hour stated above.Immediate cause of death: Myo-carditis, chronic with valvular disease of the heart ?Due to: Chronic inflammation of the heart muscle.Due to: Arterio Sclerosis and Hiocoughs.Other conditions: Arterio Sclerosis and Hiocoughs.
(Include pregnancy within 3 months of death)Major findings: no operationOf operations: no operationOf autopsy: None made.

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? 858

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

23. Signature: Arthur H. Mat. (M. D. or other) 1Address: West Plains, Mo. Date signed: 5/14/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 cut

RECEIVED
working under my personal supervision.

District Health Officer No. 5

District File Number 640 639

Date Filed 6640

Registered Apprentice No. _____

Signed _____

Licensed Embalmer No. 3432

P. O. Address West Haver

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18590
Registrar's No. 5

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 388

Primary Registration District No. 53-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Howell
(b) City or town Pease T.P.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 72 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Samuel Walton Gilliam

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m

5. Color or race W

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

6. (b) Name of husband or wife Aquilla Gilliam

6. (c) Age of husband, or wife, if alive 72 years

7. Birth date of deceased Oct 30 1858
(Month) (Day) (Year)

8. AGE:

Years 82 Months 6 Days 12
If less than one day _____ hr. _____ min.

9. Birthplace _____

(City, town, or county) (State or foreign country)

10. Usual occupation Trucking

Farming

11. Industry or business _____

MOTHER FATHER

12. Name Thos Gilliam

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

14. Maiden name Caroline

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

16. (a) Informant Mrs R.W. Gilliam

(b) Address Pease Valley Mo.

17. (a) Burial (b) Date thereof 5/13-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope

18. (a) Signature of funeral director Robertson Masterson

(b) Address West Plains Mo

19. (a) 7-6-1940 (b) Mrs Pearl Cook
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Howell
(c) City or town Pease Valley
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U.S.A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1940 hour 6 minute 10 A.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on May 8, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death myo Carditis
due with Scleroplan disease
of the Heart
Due to Chc Inflammation
of the Heart muscle
Due to _____

Other conditions arterio Sclerosis
(Include pregnancy within 3 months of death)
and Nephrosis
Major findings: _____
Of operations: no operation

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? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature of _____ (Specify type of place) (M. D. or other)
Address West Plains Mo Date signed 5/14/40

PHYSICIAN
Underline the cause to which death should be charged statistically.

1789

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twentieth part of the history of the

twenty-first part of the history of the

twenty-second part of the history of the

twenty-third part of the history of the

twenty-fourth part of the history of the

twenty-fifth part of the history of the

twenty-sixth part of the history of the

twenty-seventh part of the history of the

twenty-eighth part of the history of the

twenty-ninth part of the history of the

thirtieth part of the history of the