

DEC 16 1938

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

39585

Do not use this space.

## 1. PLACE OF DEATH

(a) County LACLEDE Registration District No. 449  
(b) Township LEBANON Primary Registration District No. 267 Registered No. \_\_\_\_\_  
(c) City LEBANON (d) Street No. WALLACE HOSPITAL 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

456 BESSIE GILMORE  
(a) Residence, No. HOOKER TWP St.  (If nonresident, give city or town and State)  
(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)  
MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 31<sup>st</sup> 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
67 2 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSE WIFE  
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) SCOTLAND #

FATHER 13. NAME JAS. DONALD

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

MOTHER 15. MAIDEN NAME ANN GIBB

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

17. INFORMANT (ADDRESS) Geo. Gilmore  
MACKS CREEK RD LEBANON

18. BURIAL, CREMATION, OR REMOVAL PLACE LEBANON DATE Nov 3, 38

19. FUNERAL DIRECTOR (ADDRESS) PALMERS  
LEBANON Mo.

20. FILED 11-7-38 J. A. McCoub Local Registrar. 40

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV 1<sup>ST</sup> 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1938, to Nov 1, 1938.

I last saw her alive on Nov 1, 1938. Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Gall  
Bladder Disease  
associated to a  
marked Gallbladder  
constriction,

Date of onset

Other contributory causes of importance:

Name of operation 127 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 \_\_\_\_\_, 1938

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? NO  
If so, specify \_\_\_\_\_

(Signed) J. A. McCoub, M. D.

(Address) Lebanon 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. 08  
District File Number 7-38-574  
Date Filed 12-12-38

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
..... L. E. ....  
No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. ....

**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.)**