

MARGIN RESERVED FOR BINDING

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.

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

PLACE OF DEATH
County Howell
Township Myrtle or Village Sancti or City Sancti (NO. _____ St.: _____ Ward _____)
Registration District No. 899 File No. 34121
Primary Registration District No. 5-548 Registered No. _____
FULL NAME Geo. W. Gilmore [(If death occurred in a hospital or institution, give its NAME instead of street and number)]

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>male</u>	COLOR OR RACE <u>white</u>	SINGLE <u>married</u> MARRIED WIDOWED OR DIVORCED (If write the word)	DATE OF DEATH <u>Nov. 14</u> , 19 <u>10</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>June 25</u> , 18 <u>97</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Nov 14</u> , 19 <u>10</u> , to _____, 19 <u>1</u> , that I last saw him alive on <u>Nov 14</u> , 19 <u>10</u> , and that death occurred, on the date stated above, at _____ m.	
AGE <u>14</u> yrs. _____ mos. _____ ds.			The CAUSE OF DEATH* was as follows: <u>old age & infirmity</u> <u>and lung debility</u> <u>162</u>	
OCCUPATION (a) Trade, profession, or particular kind of work <u>old soldier</u> (b) General nature of industry, business, or establishment in which employed (or employer)			(Duration) _____ yrs. _____ mos. _____ ds.	
BIRTHPLACE (City or town, State or foreign country) <u>Canada</u>			Contributory (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.	
PARENTS	NAME OF FATHER <u>George Gilmore</u>		(Signed) <u>G. S. Alvord, coroner</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ireland</u>		19 <u>1</u> (Address) <u>West Plains</u>	
	MAIDEN NAME OF MOTHER <u>Miss Gilmore</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Ireland</u>			LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Quinn Gilmore</u> (ADDRESS) <u>Sancti, Mo.</u>			Where was disease contracted if not at place of death? Former or usual residence <u>Sancti Mo.</u>	
Filed <u>Nov 15</u> , 19 <u>10</u> <u>H. B. Thompson</u> REGISTRAR			PLACE OF BURIAL OR REMOVAL <u>Sancti Mo.</u> -UNDERTAKER <u>Coroner</u>	
			DATE OF BURIAL <u>Nov 15</u> , 19 <u>10</u> ADDRESS <u>West Plains</u>	