

1 PLACE OF DEATH
WAUNE
 County.....
 Township.....
 Village.....
 City **DETROIT**

MICHIGAN DEPARTMENT OF HEALTH
 Division of Vital Statistics

58258054

CERTIFICATE OF DEATH

Register No. 11685

2 FULL NAME **JOSEPH GILMORE**
 a) Residence No. **4360 4th av** St., Ward.....
 (Usual place of abode) (If non-resident give city or town and state)
 Length of residence in city or town where death occurred // yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **MALE** 4 Color or Race **WHITE** 5 Single, Married, Widowed or Divorced (Write the word) **MARRIED**

5a If married, widowed or divorced **HUSBAND of CAREY L BOOTH (or) WIFE of**

6 DATE OF BIRTH **DEC. 15 1858**
 (Month, day and year)

7 AGE Years Months Days If LESS than 1 day... hrs. OR... min.
76 10 1

8 OCCUPATION OF DECEASED
 (a) Trade, profession or particular kind of work **MELLMAN**
 (b) General nature of industry, business, or establishment in which employed (or employer) **RETIRED**
 (c) Name of employer.

9 BIRTHPLACE (city, state or country) **UNKNOWN YOK STATE**

10 NAME OF FATHER **THOMAS GILMORE**

11 BIRTHPLACE OF FATHER (city or town, state or country) **UNKNOWN IRELAND**

12 MAIDEN NAME OF MOTHER **UNKNOWN**

13 BIRTHPLACE OF MOTHER (city, state or country) **UNKNOWN IRELAND**

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH **OCT 16/25** 1925
 (Month, day and year)

17 HEREBY CERTIFY, That I attended deceased from **Sept 13th** 1925 to **Oct 16th** 1925 that I last saw him alive on **Oct 16** 1925 and that death occurred on the date stated above at **5 P.M.**
 The CAUSE OF DEATH* was as follows:
Cerebral Apoplexy
Pulmonary congestion
Cardiac exhaustion
 (duration)..... yrs..... mos..... ds. **74**

CONTRIBUTORY (Secondary).....
 (duration)..... yrs..... mos..... ds.

18 Where was disease contracted
 If not at place of death?.....
 Did an operation precede death? **no** Date of.....
 Was there an autopsy? **no**
 What test confirmed diagnosis? **Clinical**

(Signed) **Douglas Gordon M.D.**
Oct 17 1925 Address **53th St. High**

*State the Disease Causing Death, or in deaths from violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.
 (See reverse side for further instructions.) **2218**

14 Informant **CAREY L GILMORE** Date of Burial
DETROIT **SAGINAW HIGH OCT. 20/25** 19
 (Address) Address

15 Filed **OCT 17 1925** Registrar. **GEO W CLUNIS DETROIT**