

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

Do not use this space.

SEP 29 1936

35340

1. PLACE OF DEATH

County Ray Registration District No. 744
 Township Richmond Primary Registration District No. 3035
 City Rayville Mo (No. 210) St. _____ Ward _____

File No. _____
 Registered No. 88

2. FULL NAME

Clesta Jane Gile
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 5-1889
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 46 10 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horse Rusty
 9. Industry or business in which work was done, as silk mill, 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) Rayville Mo

FATHER 13. NAME T. A. Gile

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rayville Mo

MOTHER 15. MAIDEN NAME Mollie Myers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Koanran Mo

17. INFORMANT J. B. Gile (ADDRESS) Rayville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Megough Cem DATE Sept 2 1936

19. UNDERTAKER J. J. Murphy (ADDRESS) Rayville Mo

20. FILED 9-9 1936 E. E. Gray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1 - 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1 - 1936, to Sept 1 - 1936
 I last saw her alive on August 31, 1936. Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:
Carcinoma of liver
Diagnosed at Bell Memorial Hospital, K.C. Mo.
July 13 to 20, 1936 -

Date of onset 2 years
Back

Other contributory causes of importance:
Tumor presumed to originate in Bile duct or Pancreas

Name of operation None Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury _____, 19____
 Where did injury occur? _____ (City, town, county, and State)
 Specify whether injury occurred in _____, 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?
 If so, specify _____ (Signed) John F. Grace, M. D.
 (Address) Excelsior Springs Mo

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.

MO-I 57044

