

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

Do not use this space.

**1. PLACE OF DEATH**

24 County Clay  
Township Washington  
City Excellior Springs (No. ....)

Registration District No. 198  
Primary Registration District No. 5278

File No. 16031  
Registered No. 60  
St. .... Ward)

**2. FULL NAME**

John Frankland Gillard  
(a) Residence, No. .... St. .... Ward.

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 11 - 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
66 6 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

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) Richmond Mo

MOTHER FATHER 13. NAME A. R. Gillard

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

MOTHER 15. MAIDEN NAME Darisa Alison

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

17. INFORMANT C. F. Gillard (ADDRESS) Richmond Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Brown Cemetery 19. ....

19. UNDERTAKER Esthymian (ADDRESS) Richmond Mo

20. FILED May 6 19 33 J. D. Brewer Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2 - 1933

22. I HEREBY CERTIFY, That I attended deceased from January, 1933, to May, 1933

I last saw him alive on May 2, 1933. Death is said to have occurred on the date stated above, at 11 a.m.

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

Ca of Pneumonia with metastasis to liver.  
Cardiac decompensation of failure  
46B  
46B  
95B

Other contributory causes of importance:

23. Name of operation ..... Date of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

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) Clayton E. Buchner, M. D.  
(Address) Lansom Mo.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUN 21 1933

