

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

Do not use this space.

20372
~~20471~~

JUL 25 1930

1. PLACE OF DEATH

County Ray Registration District No. 744
Township Highland Primary Registration District No. 3035
City Richmond (No.) St. Ward)

File No.
Registered No. 57

2. FULL NAME Louisa Jane Gillard

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 12 1930

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

17. HEREBY CERTIFY, That I attended deceased from 5-22-1930 to June 12 1930, that I last saw her alive on June 12 1930 and that death occurred, on the date stated above, at 9-35 P. M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 9 1846

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>83</u>	<u>9</u>	<u>9</u>	<u>9</u>	

Myocardial Degeneration

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Duties
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

CONTRIBUTORY (SECONDARY) Arterio-sclerosis
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Cureh (STATE OR COUNTRY) mo

18. WHERE WAS DISEASE CONTRACTED 93C
IF NOT AT PLACE OF DEATH 97
DID AN OPERATION PRECEDE DEATH _____ DATE OF _____
WAS THERE AN AUTOPSY _____

10. NAME OF FATHER C - Allison

11. BIRTHPLACE OF FATHER (CITY OR TOWN) not known (STATE OR COUNTRY) mo

WHAT TEST CONFIRMED DIAGNOSIS Physiocal
(Signed) C. C. Fay M. D.

12. MAIDEN NAME OF MOTHER Mary Williams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cureh (STATE OR COUNTRY) mo

, 19 (Address) Richmond Mo
*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.

14. INFORMANT Sallie Hannesblad (Address) Richmond mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Newhope DATE OF BURIAL June 13 1930

15. FILE NO. 6-1930-66 REGISTRAR C. C. Fay

20. UNDERTAKER E. Thurman ADDRESS Richmond 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

