

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

Do not use this space.

37915

1. PLACE OF DEATH

County Ray Registration District No. 739 File No. 37915
 Township Canadian Primary Registration District No. 4444 Registered No. 5974
 City Richmond (No. 5974) St. Richmond Ward Richmond

2. FULL NAME Louisa M. Gillard

(a) Residence. No. Richmond St. Richmond Ward. Richmond
 (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) Nov-29 1928

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

I HEREBY CERTIFY, That I attended deceased from Nov-29, 1928, to Nov-29, 1928.
 that I last saw h. Nov-29 alive on Nov-29, 1928, and that death occurred, on the date stated above, at Richmond Mo.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 27, 1893

THE CAUSE OF DEATH* WAS AS FOLLOWS:
She died suddenly, no physician in attendance. She had been a patient of mine for past year.
Appearance of death yrs. mos. ds.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
95 4 2

CONTRIBUTORY (SECONDARY) 164 yrs. mos. ds.

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) 162 (c) Name of employer

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

9. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY) Mo

DID AN OPERATION PRECEDE DEATH? DATE OF... WAS THERE AN AUTOPSY?

10. NAME OF FATHER Arstan Gillard

WHAT TEST CONFIRMED DIAGNOSIS (Signed) L. D. Green, M. D.

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

(Address) Richmond Mo

12. MAIDEN NAME OF MOTHER Not known

*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.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known (STATE OR COUNTRY) Not known

14. INFORMANT A. R. Gillard (Address) Leadless mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Brackman DATE OF BURIAL Nov 30, 1928

15. FILED Dec 3, 1928 W. W. Burgess REGISTRAR

20. UNDERTAKER E. H. Harnman ADDRESS Richmond Mo

N. 2. Every item of information should be carefully supplied. AOS 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.

