

APR 15 1936

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

Do not use this space.

9306

1. PLACE OF DEATH

County Ruchannon

Registration District No. 85

Township St. Joseph

Primary Registration District No. 1001

City St. Joseph

Ward Union Star No

2. FULL NAME

(a) Residence, No. Opal Gillman
(Usual place of abode)

St. Union Star No

(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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

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

Wesley Gillman

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

About 1908

7. AGE

YEARS

MONTHS

DAYS

If LESS than, 1 day, hrs. or min.

28

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Housewife

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)

Mo.

FATHER

13. NAME

Geo W. Montgomery

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

Mo.

MOTHER

15. MAIDEN NAME

Laura Montgomery

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

Mo.

17. INFORMANT (ADDRESS)

Opal Gillman

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Union Star No

DATE

3-2-1936

19. UNDERTAKER (ADDRESS)

Geo S. Prover

20. FILED

3-1-1936

John H. Buder

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

March 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from Febr 28, 1936, to March 1, 1936

I last saw her alive on March 1, 1936 Death is said to have occurred on the date stated above, at 3:30 P.M. m.

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

Frequency Parat
Bleed extraction following
uterine inertia
14/1 & 2

Other contributory causes of importance:
Pulmonary embolus
sudden death 15 hours
following delivery

Name of operation Bleed extraction Date of 2-24-36
What test confirmed diagnosis? Clinical Was there an autopsy? Refused

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) J. B. Senon, M. D.

(Address) St. Joseph, Mo

2609 Mitchell