

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

Do not use this space.

23804

1. PLACE OF DEATH

89 County Ray Registration District No. 743
 Township 7 River Primary Registration District No. 16237
 City Washington Springs No. 2 Mo. St. 27 Ward

2. FULL NAME

John Milburn Van Gilder
 (a) Residence, No. 1610 Valentine Rd. St. Mo. Ward. (If nonresident, give city or town and State)
 (Usual place of abode) R. C. Mo.
 Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lda Belle Van Gilder</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 23 - 1864</u>		
7. AGE YEARS <u>68</u> MONTHS <u>5</u> DAYS <u>15</u>	If LESS than 1 day, <u></u> hrs. or <u></u> min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	
	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) <u>St. Joseph, Mo.</u>		
FATHER	13. NAME <u>Isaac Van Gilder</u>	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown, Mo.</u>		
MOTHER	15. MAIDEN NAME <u>Lavinia Girards</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Necker</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Mary's Cem.</u> DATE <u>July 19, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>W. W. Newman, St. Louis, Mo.</u> <u>2112 9th St. H. E. Mo.</u>		
20. FILED <u>July 13, 1932</u> <u>J. E. Ellis</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-12, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-10, 1932 to 7-12, 1932
 I last saw him alive on 7-10, 1932 Death is said to have occurred on the date stated above, at 5:20 p.m.
 The principal cause of death and related causes of importance were as follows:
Myocarditis (Date of onset 7-10-32)
Chronic Myocarditis ?
 Other contributory causes of importance: None

Name of operation None Date of None
 What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None Date of injury None, 1932
 Where did injury occur? None (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify None

(Signed) J. E. Ellis, M. D.
 (Address) St. Louis, Mo.

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

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.

AUG 27 1932

