1 PLACE OF DEATH

ORIGINAL

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH
STATE OF IOWA

Registered No. .....

County Woodbury

Township .....

or

Village .....

or City Sioux City (No. 11 Josepho St.; ..... Ward).

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Ernest Groom Gilmore

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (Write the word.)
Male	white	Married

6 DATE OF BIRTH: Oct (Month) 31 (Day) 1 (Year)

7 AGE: 31 yrs. 0 mos. 24 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Salesman for
(b) General nature of industry, business, or establishment in which employed (or employer): Swift & Co.

9 BIRTHPLACE (State or country): Chicago Ill

PARENTS

10 NAME OF FATHER: Wm H. Gilmore

11 BIRTHPLACE OF FATHER (State or country): Chgo. Ill.

12 MAIDEN NAME OF MOTHER: Kate Mantz

13 BIRTHPLACE OF MOTHER (State or country): New York

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm H. Gilmore

(Address) Sioux City Ia.

15 Filed ..... 191 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov (Month) 25 (Day) 1919 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 17, 1919, to Nov 25, 1919, that I last saw him alive on Nov 21, 1919, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows: (1)

Typhoid Fever

.....

.....

..... (Duration) ..... yrs. ..... mos. 8 ds.

Contributory .....
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. S. Gillespie M. D.

11-26 1919 (Address) Sioux City

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Chicago Ill. — DATE OF BURIAL: Nov 29 1919

20 UNDERTAKER: Wm E. Dickinson — ADDRESS: Sioux City

11-3184