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

Do not use this space.

40607

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1062 — Registered No.

City Kansas City (No. General Hospital St. Ward)

2. FULL NAME Alexander Pirie Gauld Jr.

(a) Residence. No. 8315 Highland St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 16, 1924

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	4	10	22	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Alexander P. Gauld

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Scotland

12. MAIDEN NAME OF MOTHER Blanch Trigg

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lowry City
(STATE OR COUNTRY) Mo.

14. INFORMANT A. P. Gauld
(Address) 8315 Highland

15. FILED 12/9 1928 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-8-28 19

17. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1928, to Dec 8, 1928, that I last saw him alive on Dec 8, 1928, and that death occurred, on the date stated above, at 9:30 P.M.,

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Meningitis - Non Epidemic
12B
99H
11K (duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) Lower Extremities - Purulent Sinus Thrombosis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

12/9, 1928 (Signed) Ralph J. Drum M. D.
(Address) 909 Argyle Bldg.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill — DATE OF BURIAL 12/10/28 19

20. UNDERTAKER R. O. Lindsey & Sons — ADDRESS Kansas City, 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.

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