

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

Do not use this space.

1576

1. PLACE OF DEATH

County Jackson
Township Rau
City Kansas City

Registration District No. 399

Primary Registration District No. 1002

File No. 157
Registered No. 157
St. Lucust Ward 6

2. FULL NAME

(a) Residence No. 4340 Lucust St. 6 Ward.

(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

George S. Gavier

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

11-19-1871

7. AGE

YEARS

MONTHS

DAYS

IF LESS THAN 1 day, hrs. or min.

57

1

22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

at home

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Illinois

10. NAME OF FATHER

Samuel W. Vertrees

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Kentucky

12. MAIDEN NAME OF MOTHER

Mary Hunter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Illinois

14.

INFORMANT

(Address)

Geo. S. Gavier
4340 Lucust

15.

FILED 1-13-1929 2m 2m Cover

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

1 / 11 / 1929

17.

I HEREBY CERTIFY, That I attended deceased from Jan 11-11³⁰am, 1929, to 11-12⁰⁰pm, 1929 that I last saw her alive on 1-11-, 1929, and that death occurred, on the date stated above, at 12⁰⁰pm.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

cerebral hemorrhage

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? 4340 Lucust St

19. DID AN OPERATION PRECEDE DEATH? no. DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Blood pressure & signs

(Signed) J. E. Schoen M.D.

1-11-, 1929 (Address) 243 W. 14th Bldg 3rd fl

*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

DATE OF BURIAL

Elmwood Cemetery

1-14-1929

20. UNDERTAKER

ADDRESS

Stone-McClure

R.C. No.

N. E.—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.

THIS IS A PERMANENT RECORD

48

109

262

2

2

2

