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.

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

Do not use this space.

1705

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. St. Joseph's Hospital St. ____ Ward)

File No. ____ Registered No. 280

2. FULL NAME Florence Gowdy

(a) Residence. No. ____ St., ____ Ward. Cherryvale, Kansas (Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

5a. If Married, Widowed, or Divorced HUSBAND OF (or) WIFE OF John M. Gowdy

6. DATE OF BIRTH (month, day and year) Sept. 11, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	55	4	10	

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 ____

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9. BIRTHPLACE (city or town) ____ (State or country) Pennsylvania

2

PARENTS

10. NAME OF FATHER Wm. B. Rushmore

11. BIRTHPLACE OF FATHER (city or town) ____ (State or country) New York

2

12. MAIDEN NAME OF MOTHER Letty X

13. BIRTHPLACE OF MOTHER (city or town) ____ (State or country) Pennsylvania

2

14. Informant W. W. Rushmore

(Address) 3105 Prospect

15. Filed 1-21, 1929 M. M. Crowe Asst Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day and year) Jany. 20 1929

17. I HEREBY CERTIFY, That I attended deceased from December 25, 1928, to January 20, 1929, that I last saw h.er. alive on January 20, 1929, and that death occurred, on the date stated above, at 7 P. m.

THE CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

82A

____ (duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis

Unknown (duration) ____ yrs. ____ mos. ____ ds.

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

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical & Clinical Signs

(Signed) R E Anderson, M. D

1/21, 1929 (Address) 212 Argyle Bldg 31st & Prospect K. C. Mo

*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 Cherryvale, Kansas — DATE OF BURIAL Jan. 21, 1929

20. UNDERTAKER Stine & McClure — ADDRESS 3235 Gillham

31st & Prospect

LI-8347

Hours 3 - 6