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

Do not use this space.
18060
File No. 2104
Registered No.

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: Kansas City (No. 508 West 34th St. Ward)
Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME: Mrs. Charlotte Irene Gilstrap
(a) Residence. No. 508 West 34th, Kansas City, Mo 5 Ward.
(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	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Isaac L. Gilstrap

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 8, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	2	28	

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): Madison
(STATE OR COUNTRY): Wisconson

PARENTS
10. NAME OF FATHER: Wm. Virgin
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Mary Messerschmidt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Unknown

14. INFORMANT: Mrs Verna Russell
(Address): 508 West 34th. C Mo

15. FILED 5/6, 1929 M. M. Crowe esch REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 6th 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1928, to May 6, 1929 that I last saw h. alive on May 6, 1929, and that death occurred, on the date stated above, at 10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of the cervix and uterus
48 hrs. (duration) about 3 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) —
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Biopsy
(Signed) Rayne Pinson, M. D.
5/6, 1929 (Address) 1623 Argyle

*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
Forest Hill	May 7 1929
20. UNDERTAKER	**ADDRESS**
R. V. LINDSEY & SONS, Inc	Kansas City

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.

THIS IS A PERMANENT RECORD