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

399

Do not use this space.

49751
5158

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. Gen. Hosp. No 2 St. Ward)

Registration District No. 1002
Primary Registration District No.

File No.
Registered No.

2. FULL NAME Gibson, Mary
(a) Residence. No. 5600 & 34 St., 14 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 13 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	Negro	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-22-1888

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	44	3	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Miss
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Myers, Jim
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Miss
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Gray, Addie
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ala
(STATE OR COUNTRY)

14. INFORMANT Record Clerk
(Address) City Hosp. No 2

15. FILED 12/15, 1929 M. M. Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 12 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1929, to Dec 12, 1929, that I last saw her alive on Dec 12, 1929, and that death occurred, on the date stated above, at 2:10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of liver, pancreas & stomach
46B
46F
46E (duration) 1(?) 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? yes DATE OF Nov. 30, 29
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Histological
(Signed) Howard M. Smith, M. D.
Dec 13, 1929 (Address) Gen. Hosp No 2

*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 Highlands.
DATE OF BURIAL Dec. 17, 1929

20. UNDERTAKER Adkins Bros
ADDRESS 2000 E-12th

CAUSE OF DEATH in plain terms, so that it may be properly classified.