

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

Do not use this space.

40804

**1. PLACE OF DEATH**

County Jackson  
Township Haw  
City Kansas City

Registration District No. 399

Primary Registration District No.

File No. \_\_\_\_\_  
Registered No. 5211  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. 2115 Linwood St. 13 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 10, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
42 7 8

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) Tahlequah  
(STATE OR COUNTRY) Okla.

10. NAME OF FATHER D. W. Bushyhead

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

12. MAIDEN NAME OF MOTHER Ellorse Butler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Okla.  
(STATE OR COUNTRY)

14. INFORMANT J. K. Gibson  
(Address) 2115 Linwood

15. FILED 1/18, 1929 M. M. Crowe REGISTRAR  
usr

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 18 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 1929 to Dec 18 1929 that I last saw her alive on Dec 14 1929 and that death occurred, on the date stated above, at S. Car. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carcinoma of Cervix.  
46 53E (duration) 1 yrs. 0 mos. 0 ds.  
135E  
CONTRIBUTORY Abdominal Carcinoma  
(SECONDARY) ten-cyctic (duration) 2 yrs. 0 mos. 0 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 none  
(Signed) P. J. Bohan, M. D.

18, 19 29 (Address) 906 Med. Bldg. Bldg. 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 Tahlequah, Okla. DATE OF BURIAL Dec 18 1929

20. UNDERTAKER M. M. Gibson's Sons ADDRESS 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

Mr J. J. Johnson

34th Broadway 906 Med Arts Bldg

Val 3243

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