

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson  
Township Navy  
City Kansas City (No. 1002)

Registration District No. 399

Primary Registration District No. 1002

File No. 36206  
Registered No. 4612  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. 1865 Tracy St. \_\_\_\_\_ 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**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX**

Male

**4. COLOR OR RACE**

Cool

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Single

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

11-2-30

**17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

suicide - firearm

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

none

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

Mar 18 85

**7. AGE**

**YEARS**

**MONTHS**

**DAYS**

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

45

**8. OCCUPATION OF DECEASED**

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

Laborer

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

Common Labor

(c) Name of employer

**CONTRIBUTORY (SECONDARY)**

173 (duration) yrs. mos. ds.  
1917 (duration) yrs. mos. ds.

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

unknown

**10. NAME OF FATHER**

unknown

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

unknown

**12. MAIDEN NAME OF MOTHER**

unknown

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

unknown

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS autopsy

(Signed) Deputy Coroner M. D.

(Address) Deputy Coroner

\*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.

**14. INFORMANT**

(Address)

Owner's Office Kansas City Mo

**15. FILED**

11/4 30 M. M. Crowe

REGISTRAR

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

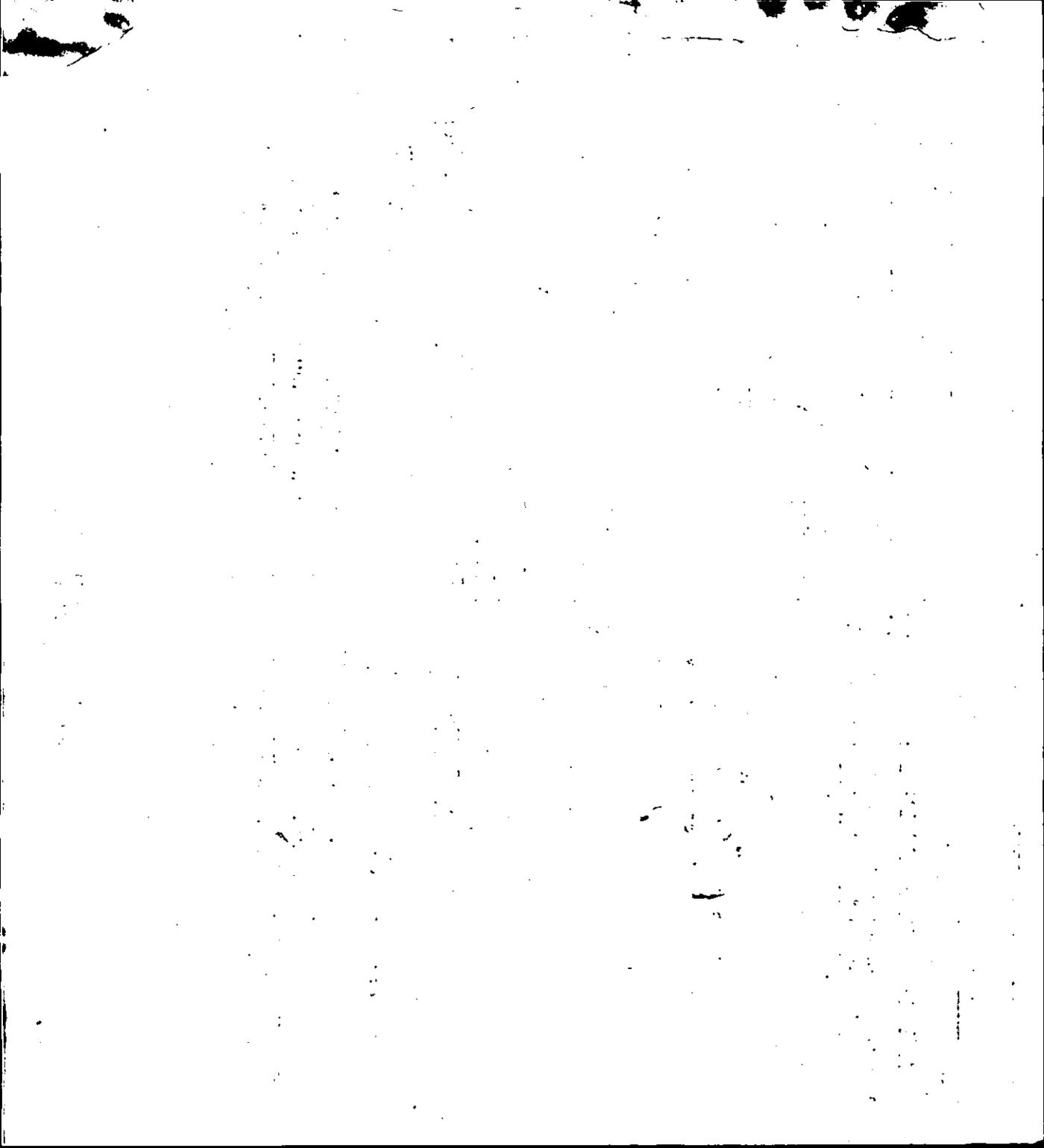
Blue Ridge Nov. 15 19 30

**20. UNDERTAKER**

**ADDRESS**

Adkins Bros 2000 E 12th

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.



STATE OF LOUISIANA  
PARISH OF CADDO

Gilbert Lorenzo  
XC- 784 818

Before me the undersigned authority duly commissioned and sworn personally came and appeared George Gilbert a resident of Shreveport Louisiana who being duly sworn deposes:

That he is the father of Lorenzo Gilbert who died November 2 1930 at Kansas City Mo. that the name on attached death certificate should be Lorenzo Gilbert and not Lewis Gilbert and this affidavit is for the purpose of correcting the name .

*George Gilbert*  
**RECEIVED**  
MAY 15 1931  
THE STATE BOARD OF HEALTH  
OF MISSOURI.

Sworn to and subscribed before me on this the 11 day of May 1931

*Dodie Belle Benjamin*  
Notary Public

*[Signature]*

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