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.

1512

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 344

Township Kaw — Primary Registration District No. 2002 — Registered No.

City Kansas City, Mo (No. 1824 Broadway St. Ward)

2. FULL NAME Cyrus A. Gilbert

(a) Residence. No. 1824 Broadway St., 3 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 4 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)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Louisa T. Gilbert

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 19, 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	75	6	25	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired R.R.

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Troy (STATE OR COUNTRY) New York

PARENTS

10. NAME OF FATHER Edmond Gilbert

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) New York

12. MAIDEN NAME OF MOTHER Lavina Sherwood

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

14. INFORMANT Mrs Louisa T. Gilbert (Address) 1824 Broadway

15. FILED 1-24 1931 M M Crowe REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 24, 31 19

17. I HEREBY CERTIFY, That I attended deceased from Jan. 19th, 1931, to Jan. 23, 1931, that I last saw him alive on Jan. 23rd 4 PM, 1931, and that death occurred, on the date stated above, at Jan. 24th 8 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hemiplegia

82D

132B

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) Uremia

(duration) yrs. 1 mos. ds.

82.10

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 1824 Broadway

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Fred A Hummer, M. D.

1-24, 1931 (Address) 1311 Indiana Ave

*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
St. Louis, Mo	1/25 1931

20. UNDERTAKER	ADDRESS
Freeman Mortuary, 104 W 42nd St, K.C. Mo.	