

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

Do not use this space.

1566

398

**1. PLACE OF DEATH**

County... Jackson ..... Registration District No. 399  
 Township... Kaw ..... Primary Registration District No. 1002  
 City... Kansas City ..... (No. 1231 West 57th ..... St. .... Ward)

File No. ....  
 Registered No. 6212 .....  
 St. .... Ward)

**2. FULL NAME** Gladys Woods Kemper

(a) Residence. No. 1231 West 57th St. ..... St. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Madison Kemper

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 14, 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
33 . 0 12

**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) 2 1/2  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Elizabeth  
 (STATE OR COUNTRY) New Jersey

10. NAME OF FATHER Arthur Grissom

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

12. MAIDEN NAME OF MOTHER Julia Woods  
Rocheport

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

14. INFORMANT James H. Rubrey  
 (Address) 1123 West 63rd

15. FILED 1/28, 1931. M. M. Crowe  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 26, 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1931 to Jan 26, 1931  
 that I last saw her alive on Jan 26, 1931, and that death occurred, on the date stated above, at 1:30 P.M.

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

Branches Cerebral meningitis  
107A  
1931

(duration) yrs. mos. 2 da.

CONTRIBUTORY (SECONDARY) Cardiac insufficiency  
 (duration) yrs. mos. 1 da.

18. WHERE WAS DISEASE CONTRACTED 107A  
 IS NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? Yes DATE OF Jan 26, 1931  
 WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy  
 (Signed) Frank H. Kelly, M. D.  
1/27, 1931 (Address) 1002 Medical Bldg KC 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 Santa Barbara Calif DATE OF BURIAL 9/28 1931

20. UNDERTAKER Stine McClure ADDRESS KC Mo

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.

