

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

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 0002 File No. 28313
City Kansas City (No. St Joseph Hospital) Registered No. 3441 St. _____ Ward _____

2. FULL NAME Vincent Paul Gillgannon
3725 South Benton
(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode) one hour (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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 12, 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, . hrs. or min.
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8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

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

10. NAME OF FATHER M. A. Gillgannon

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

12. MAIDEN NAME OF MOTHER Josephine Donovan

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

14. INFORMANT Dr. M. A. Gillgannon (Fa)
(Address) Above

15. FILED 8/12/31 M. M. Brown REGISTRAR
anon

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 12, 1931
17. I HEREBY CERTIFY, That I attended deceased from 8-12-31, 19____, to 8-12-31, 19____, that I last saw h. c. alive on 8-12-31, 19____, and that death occurred, on the date stated above, at 8-12-31, 11:55 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature birth by
means of Caesarian Section:
160A
159
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 159
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
9 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) P. S. Hamilton, M. D.
8-12-31 (Address) P. C. Lutzgard m. d.

*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 St Mary's Cemetery DATE OF BURIAL 8/12/31

20. UNDERTAKER Melody McGilley Fu. Home ADDRESS K. C. Mo.

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