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

Do not use this space.

41006

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 1413 Paseo. St. Ward)
Registration District No. 38
Primary Registration District No. 1 [illegible]
File No. 1004
Registered No. [illegible]

2. FULL NAME Mary Gibbs
(a) Residence, No. 1517 N. Main - Indep. Mo. 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

3. SEX Fe
4. COLOR OR RACE Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unk 1863
7. AGE YEARS 68 MONTHS DAYS If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk.

MOTHER
15. MAIDEN NAME Unk.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk.

17. INFORMANT (ADDRESS) Mary Brown 2202 Charlotte
18. BURIAL, CREMATION, OR REMOVAL
PLACE Indep. Mo. DATE 12- 1931
19. UNDERTAKER (ADDRESS) Watkins Bros. 1729 Lydia
20. FILED 12/17 1931 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 - 14 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1931, to Dec 14, 1931
I last saw her alive on 14 of Dec, 1931. Death is said to have occurred on the date stated above, at 5:45 P.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Stenoses	
[illegible]	
[illegible]	
[illegible]	

Other contributory causes of importance:
Pleurisy & Bronchitis, Acute Non tuberculous

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. A. Hambrick, M. D.
(Address) 1608 - E - 18th St, K.C. Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2.

Hambrick.