

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

Do not use this space.

41159

**1. PLACE OF DEATH**

County Jackson Registration District No. 3  
 Township Raw Primary Registration District No. \_\_\_\_\_  
 City Kansas City (No. St Joseph's Hospital) Registered No. 5148 Ward \_\_\_\_\_

**2. FULL NAME**

Mrs. Alma Gordy  
 (a) Residence, No. \_\_\_\_\_ (Usual place of abode) \_\_\_\_\_ (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. 2 mos. \_\_\_\_\_ ds. How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

|  |  |   |
|--|--|---|
| 3. SEX<br><u>Female</u>  | 4. COLOR OR RACE<br><u>White</u>   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED<br>HUSBAND OF (OR) WIFE OF <u>Walter H. Gordy</u> |  |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>December 18 - 1889</u>                      |  |   |
| 7. AGE   | YEARS<br><u>42</u>   | MONTHS<br><u>0</u>  |
|  | DAYS<br><u>11</u>  | IF LESS than 1 day, _____ hrs. or _____ min.                                |
| OCCUPATION   | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u> |   |
|  | 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)                                       | <u>Kansas City Missouri</u>  |   |
| FATHER   | 13. NAME <u>Albert Schaeffer</u>   |   |
|  | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>  |   |
| MOTHER   | 15. MAIDEN NAME <u>Elizabeth Olson</u>   |   |
|  | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>  |   |
| 17. INFORMANT  | <u>Mr. Walter H. Gordy</u><br>(ADDRESS) <u>1812 Cypress St.</u>  |   |
| 18. BURIAL, CREMATION, OR REMOVAL  | PLACE <u>Elmwood</u> DATE <u>Dec. 31, 1931</u>   |   |
| 19. UNDERTAKER   | <u>D. H. Newcomer's Sons</u><br>(ADDRESS) <u>Kansas City, Missouri</u>                                       |   |
| 20. FILED  | <u>12/29</u> 19 <u>31</u> M. D. <u>W. H. G. Registrar.</u>   |   |

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1931, to Dec. 29, 1931  
 I last saw him alive on Dec 28, 1931. Death is said to have occurred on the date stated above, at 7:30 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Acute Myocarditis  
83  
9:30 AM  
 Other contributory causes of importance:  
Coronary Arteriosclerosis  
1924  
 Name of operation \_\_\_\_\_ X \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Chol. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ X \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ X \_\_\_\_\_ (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. H. G., M. D.  
 (Address) 925 Broadway

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.

925<sup>th</sup> Argyle Bldg.

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