

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

Do not use this space.

1352

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. \_\_\_\_\_  
 Township Kan Primary Registration District No. 399 Registered No. 392  
 City Kan. City, Mo. (No. General Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Gipson Pearl  
 (a) Residence, No. 1813 Lydia St. 2 Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 27 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>F</u>	4. COLOR OR RACE <u>C.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nelson Gipson</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 16, 1895</u>		
7. AGE <u>46</u> YEARS	MONTHS <u>?</u>	DAYS <u>?</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>235</u> (c) Name of employer _____		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mississippi</u>		
PARENTS	10. NAME OF FATHER <u>Julius Elby</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
14. INFORMANT <u>Record Clerk</u> (Address) <u>Gen. Hosp. #2</u>		
15. FILED <u>2/1 32</u> M. D. <u>Caroue</u> <u>Asst</u> REGISTRAR		

**MEDICAL CERTIFICATE OF DEATH**

3

15. DATE OF DEATH (MONTH, DAY AND YEAR) 1/28/32

16. I HEREBY CERTIFY, That I attended deceased from 1/17/32, 1932, to 1/28/32, 1932, that last seen alive on 1/28/32, and that death occurred, on the date stated above, at 11:25 am.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute Endocarditis  
598  
668 (duration) yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) Toxemia, Fibroidectomy  
non-malignant (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH 1

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF 1/21/32

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Lab. Clinical  
 (Signed) D. M. Miller, M. D.

1/29, 1932 (Address) Gen. Hosp. #2

\*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Highland</u>	DATE OF BURIAL <u>2/1 1932</u>
20. UNDERTAKER <u>Watkins Bros</u>	ADDRESS <u>K. C. Mo</u>

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.

