

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 345
 Township Kaw Primary Registration District No. 132
 City Kansas City (No. 4000 - East - 24th) St. _____ Ward _____

File No. 4852
 Registered No. 715

2. FULL NAME Mrs Mary B. Gittings

(a) Residence, No. 4000 East 24th. St. 14 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Geo. W. Gittings</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 16 1865</u>		
7. AGE	YEARS <u>66</u>	MONTHS <u>0</u>
	DAYS <u>4</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housewife 235</u>	
	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>St. Augustine Ill. 2</u>		
FATHER	13. NAME <u>Joseph B. Smith</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Mary B. Smith</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown 31</u>	
17. INFORMANT <u>Margaret Gittings</u> (ADDRESS) <u>4000 East 24th.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. St. Marys</u> DATE <u>2/23/38</u> 19 <u>38</u>		
19. UNDERTAKER <u>Melody - Mc Gilley K. C. Mc</u> (ADDRESS) <u>122 N. W. Crown</u>		
20. FILED <u>2/22 1938</u> Registrar <u>W. W. Crowe</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-20 1932

22. 2/5 HEREBY CERTIFY, That I attended deceased from _____, 1930, to 2-20, 1932
 I last saw her alive on 2-20, 1932 Death is said to have occurred on the date stated above, at 11:00 P.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral arterio sclerosis
central haemorrhage
arterio sclerosis
 Other contributory causes of importance: 22
 Date of onset _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

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? no
 If so, specify _____
 (Signed) W. W. Crowe, M. D.
 (Address) 122 N. W. Crown

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.

