

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

Do not use this space.

4991

1. PLACE OF DEATH

County Jackson
Township Kear
City Kansas City (No. 2323 Woodland)

Registration District No. 390
Primary Registration District No. 1007

File No. _____
Registered No. 854
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2323 Woodland St. Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 29, 1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
45- 9 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) Feb 24, 1932 11. Total time (years) spent in this occupation _____

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

13. NAME Henry Gibson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis, Missouri

15. MAIDEN NAME Mary Robert

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrensburg, Missouri

17. INFORMANT (ADDRESS) Edward Carey, 2323 Woodland

18. BURIAL, CREMATION, OR REMOVAL PLACE Warrensburg, Mo. DATE March 4, 1932

19. UNDERTAKER (ADDRESS) Adkins Bros., 2000 E. 12

20. FILED 31 1932 M. M. Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1932 to Feb 26, 1932

I last saw her alive on Feb 26, 1932. Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

of alveolar heart disease (Mitral) (1)
Other contributory causes of importance: Definitis

Name of operation None 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? No Date of injury _____, 1932

Where did injury occur? at home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) Chas B. Mounts, M. D.
(Address) New Center, Mo.

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.

Dr. Lumber