

Dr. Clark

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

Do not use this space.

15652
108

1. PLACE OF DEATH

26 County Cole Registration District No. 213
3 Township Primary Registration District No. 3014
8 City Jefferson (No. _____) St. _____ Ward _____

2. FULL NAME Gertrude M. Gwinner

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF D.D. Gwinner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 3, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
58 6 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " 235
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) Lexington, Missouri

13. NAME J.T. McKean

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

15. MAIDEN NAME Elizabeth Ryland

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

17. INFORMANT G. Myron Gwinner
(ADDRESS) Jefferson City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Tipton, Mo DATE May-10 19. _____

19. UNDERTAKER Joseph J. Gordon
(ADDRESS) Jefferson City, Mo

20. FILED W. B. Bedford 1913
Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1 1932, to May 9 1932
I last saw her alive on May 8 1932 Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:
Cancer of left kidney
47B
53A
17
3
1

Other contributory causes of importance:
Metastases to lungs and left femur

Name of operation Removal of kidney Date of _____
What test confirmed diagnosis? Microscopic 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
Accident on street
Manner of injury about 6 weeks before death

Nature of injury Don't know date

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) W.A. Alonzo M. D.
(Address) Jefferson City Mo

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.

MAY 31 1932

