

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

Do not use this space.

19457

1. PLACE OF DEATH

County Jackson
 Township Riv
 City Kansas City (No. St. Lukes Hosp - 44th & Mill Creek)

Registration District No. 339
 Primary Registration District No. 400

File No. 2250
 Registered No. 2250 Ward

2. FULL NAME Lepora Gilges

(a) Residence, No. Leavenworth 15 St. X Ward.

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Capt. J. W. Gilges

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't know

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
about 85

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Tenn. 2

13. NAME Rhys

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Rev. De Wolf
C. E. No

18. BURIAL, CREMATION, OR REMOVAL PLACE Leavenworth 15 DATE June 6, 1932

19. UNDERTAKER (ADDRESS) J. E. Davis and Co
Meau. Mo.

20. FILED June 6, 1932 M. M. Crowe
Registrar

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1932 to June 6, 1932
 I last saw her alive on June 6, 1932 Death is said to have occurred on the date stated above, at 12110a.m.

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

Pneumonia
confluent Broncho
18th
194B
82C

Date of onset 6/3/32

Other contributory causes of importance:
Encephalomalacia ?
Fracture right hip 5/31/32

Name of operation Q Date of Q
 What test confirmed diagnosis? Q Was there an autopsy? yes

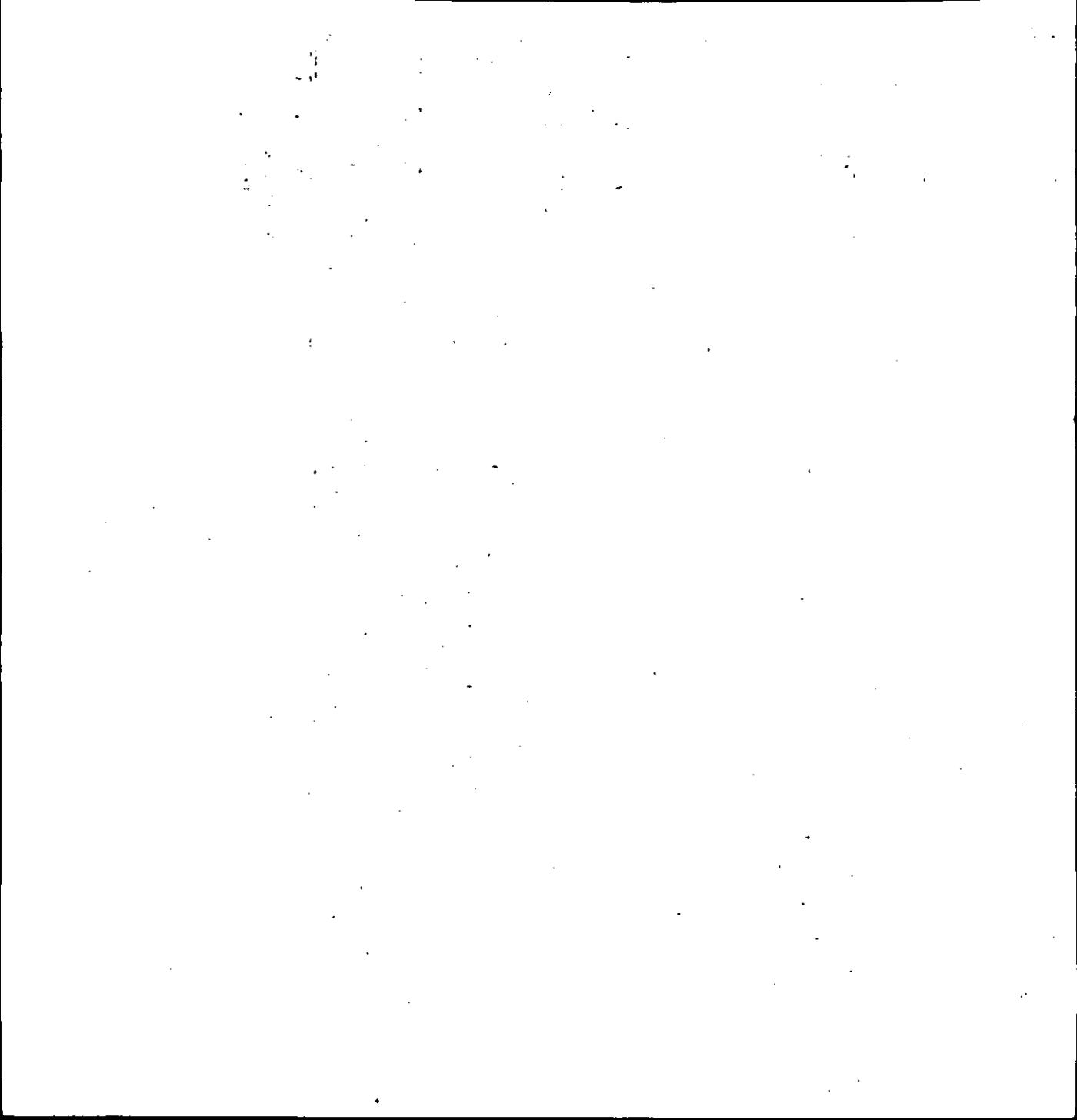
23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None Date of injury May 31, 1932
 Where did injury occur? Kansas City, Mo. (Home)
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fracture of hip
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no
 (Signed) J. G. Helwig, M.D., M. D.
 (Address) St. Lukes Hosp.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County.....
Township.....
City *R. City* (No.....)

Registration District No. *399*
Primary Registration District No. *1002*

File No.....
Registered No. *2238*
St..... Ward.....

2. FULL NAME

Lenora Giles

(a) Residence, No..... St..... 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*wid*)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 6, 1932*

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

22. I HEREBY CERTIFY That I attended deceased from, 19....., to....., 19.....

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

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day..... hrs. or..... min.

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

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

Date of onset

Conspicuous Compunct Broncho
6

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Other contributory causes of importance:

*Encephalomalacia
Fracture of hip
Fall from chair due to encephalomalacia*

13. NAME

Name of operation..... Date of.....

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

What test confirmed diagnosis?..... Was there an autopsy?.....

15. MAIDEN NAME

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

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

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS)

Manner of injury.....

18. BURIAL, CREMATION, OR REMOVAL

Nature of injury.....

PLACE..... DATE....., 19.....

19. UNDERTAKER (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

20. FILED *6/6 1932 M.M. Brown*
Assn Registrar

(Signed) *[Signature]*, M. D.
(Address).....

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

19457