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.

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. 399 — File No. 22731
Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]
City Kansas City (No. 2904 East 33 St. Ward)

2. FULL NAME Jennie G.Gibson
(a) Residence. No. 2904 East 33 St., 1st Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 22 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rev J.H.Gibson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 27,1858

7. AGE: 73 Years — Months: 10 — Days: 6 — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Gordans Grove 2
(STATE OR COUNTRY) Ill

PARENTS
10. NAME OF FATHER Hugh Gnier
11. BIRTHPLACE OF FATHER (CITY OR TOWN) 15
(STATE OR COUNTRY) Irland
12. MAIDEN NAME OF MOTHER Elizabeth Russell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ireland

14. INFORMANT Rev J.H.Gibson
(Address) 2904 East 33

15. FILED 7/5 1932 M. M. Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 3,32 19

17. I HEREBY CERTIFY, That I attended deceased from ___, 1928, to July 3, 1932, that I last saw her alive on July 3, 1932, and that death occurred, on the date stated above, at 2:20 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Coronary occlusion and Coronary Heart Dis.
948
10a (duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Hypertension
948 (duration) 4 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings and Electrocardiography
(Signed) D. K. Braden, M. D
July 3, 1932 (Address) 1115 Grand Kc mo.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Memorial Park Cem — DATE OF BURIAL: July 5 1932

20. UNDERTAKER: Wagner Funeral Home 204 — ADDRESS: W.Linwood

9.