

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.

Gadwood

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. *22892*
 Township *Kaw* Primary Registration District No. *1002* Registered No. *2814*
 City *Kansas City* (No. *St. Joseph Hospital* St. _____ Ward _____)

2. FULL NAME *Mrs. Henry Gadwood*
 (a) Residence, No. *2402 Monroe* 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 *51* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 7 - 1867*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 4 10

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *RC Over Light*

10. Date deceased last worked at this occupation (month and year) *about Jan 22/32* 11. Total time (years) spent in this occupation. *40 yrs*

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

13. NAME *Mrs. H. Gadwood*

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

15. MAIDEN NAME *Catherine Carey*

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

17. INFORMANT *Mrs. Ellen May Gadwood* (ADDRESS) *2402 Monroe*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Mary's* DATE *July 19 1932*

19. UNDERTAKER *Melody W. Selley* (ADDRESS) *St. Joseph*

20. FILED *July 18 1932* *M. M. Browne* Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 17 1932*

22. I HEREBY CERTIFY, that I attended deceased from *July 4 1932* to *July 17 1932*
 I last saw him alive on *July 16 1932*. Death is said to have occurred on the date stated above, at *12: Noon?*
 The principal cause of death and related causes of importance were as follows:
 Chronic myocarditis
 Arterial hypertension
 Ch. interstitial nephritis

Name of operation _____ Date of _____
 What test confirmed diagnosis? *clinical* Was there an autopsy? *yes*

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 *IB Wallace* M. D.
 (Address) *703 Hawthorn Bldg.*

Dr. Halle