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.

26105

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 3008

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. 109 South Elmwood St. Ward)

2. FULL NAME Frank Henry Gwynn

(a) Residence, No. 109 South Elmwood St., 10 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

3. SEX: Male
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 Annie Briscoe Gwynn 1857

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 8, ~~1932~~

7. AGE: YEARS 74 — MONTHS 8 — DAYS 24 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
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) Kentucky

FATHER

13. NAME Gwynn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known 31 Not known

MOTHER

15. MAIDEN NAME Not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Not known

17. INFORMANT (ADDRESS) Mrs. Frank Henry Gwynn 109 South Elmwood

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lemoral Park DATE Aug 4, 1932

19. UNDERTAKER (ADDRESS) Stine & McClure 3235 Gillham Plaza

20. FILED Aug 3, 1932 M. M. Crowd Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1932, to Aug 2, 1932
I last saw him alive on Aug 1, 1932. Death is said to have occurred on the date stated above, at 3:30P m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset July 16 '32

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Other contributory causes of importance: Chronic Nephritis

Name of operation — Date of
What test confirmed diagnosis? — 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.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) C. W. Roze, M. D.
(Address) 109 S. Elmwood

Dr. C. W. Rose

103 N. Elmwood, Be 4191

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