

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

Do not use this space.

26374

1. PLACE OF DEATH

County McDonson
Township 1st Kaw
City Research Hospital

Registration District No. 399
Primary Registration District No. Research Hospital

File No. _____
Registered No. 3282
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Liberty Missouri 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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 2-1898</u>		
7. AGE	YEARS	MONTHS
	<u>34</u>	<u>0</u>
		DAYS
		<u>26</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Line type Operator</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>News paper</u>	
	10. Date deceased last worked at this occupation (month and year) <u>2 mo.</u>	
	11. Total time (years) spent in this occupation. <u>15 7/8</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Liberty Mo.</u>		
FATHER	13. NAME <u>Irving Gilmer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Memor. City Mo.</u>	
	15. MAIDEN NAME <u>Minnie Deery</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Liberty Mo.</u>	
	17. INFORMANT <u>Irving Gilmer</u> (ADDRESS) <u>Liberty Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Liberty Mo.</u> DATE <u>8 29 32</u>		
19. UNDERTAKER (ADDRESS) <u>Church - Archer Co. Liberty Mo.</u>		
20. FILED <u>Aug. 28 3 27 P. M. 1932</u> Registrar <u>W. M. Kerwin</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 28 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-7 1932, to 8-28 1932

I last saw him alive on 8-28 1932. Death is said to have occurred on the date stated above, at 1:45 a.m.

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

Typhoid Fever

1932

Date of onset 8-1-32

Other contributory causes of importance:
Intestinal Hemorrhages

Name of operation _____ Date of _____
What test confirmed diagnosis? Blood culture 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? no
If so, specify _____
(Signed) Paul J. Hunt M. D.
(Address) 730 Proj. Bldg. K.C. 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.

