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.

32344

1. PLACE OF DEATH
County JACKSON — Registration District No. 399 — File No.
Township KAW — Primary Registration District No. — Registered No. 3873
City KANSAS CITY (No. 518 MONTGALL 1002 St. Ward)

2. FULL NAME MRS. GERTRUDE G. WILSHIRE
(a) Residence, No. 518 MONTGALL St., 9 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: 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: P. A. WILSHIRE
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JANUARY-25-1870
7. AGE: YEARS 62 — MONTHS 8 — DAYS 18 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: HOUSEWIFE
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 235
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): MISSOURI

FATHER
13. NAME: MOSES CHANEY
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MISSOURI

MOTHER
15. MAIDEN NAME: VIRGINIA STORY
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): KENTUCKY

17. INFORMANT (ADDRESS): MR. P. A. WILSHIRE 518- MONTGALL AVE
18. BURIAL, CREMATION, OR REMOVAL PLACE: MT. MORIAH DATE: OCTOBER-15, 1932
19. UNDERTAKER (ADDRESS): D. W. NEWCOMER'S SONS 2111- EAST- 9TH ST.
20. FILED: 10-14, 1932 M. M. Crowe asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): OCTOBER-13, 1932
22. I HEREBY CERTIFY, That I attended deceased from May 21, 1932, to Oct. 13, 1932
I last saw her alive on Oct. 2, 1932 Death is said to have occurred on the date stated above, at 10:35 P.m.
The principal cause of death and related causes of importance were as follows:

Transverse, Ascending Paralysis of cord. 81A 81 1530

Date of onset

Other contributory causes of importance: oedema from paresis of kidneys

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? no 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) E. H. Beilinger, M. D.
(Address) Hyde Park Bldg. K.C. Mo

226 Hyde Park Bldg.
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