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

Do not use this space.

35847

File No.

Registered No. 1355

1. PLACE OF DEATH

County Jackson Registration District No. 399

Township Kaw. Primary Registration District No. 1002

City Kansas City (No. 3115 Jefferson St. Ward)

2. FULL NAME Robert P. Gish.

(a) Residence, No. 3115 Jefferson St., 5 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M.	Wh.	Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Matilda J. Gish.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch. 24. 1852

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
80	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car-repairman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Street R R

10. Date deceased last worked at this occupation (month and year) 1922.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Vir.

FATHER

13. NAME Geo. W. Gish.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Virginia.

MOTHER

15. MAIDEN NAME Sarah Schurman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Virginia.

17. INFORMANT (ADDRESS) Matilda J. Gish 3115 Jefferson

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE Nov. 22 19 32

19. UNDERTAKER (ADDRESS) Gates Funeral Home Kansas City Kans.

20. FILED Nov 21, 1932 M. M. Browne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 20 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ...m.

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

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

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 ...

(Signed) ..., M. D.

(Address) ...

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD