

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

Do not use this space.

39507

1. PLACE OF DEATH

18 County Jackson
15 Township Blue
8 City Independence (No. St. Ward)

Registration District No. 398
Primary Registration District No. 3019

File No.
Registered No. 406

2. FULL NAME Temperance Chamber Gaines

(a) Residence. No. 1535 1/2 Dodgson St. 2nd Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 19 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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James T. Gaines

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 18th 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 4 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. House Keeping
(b) General nature of industry, business, or establishment in which employed (or employer). " "
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Clark Co.
(STATE OR COUNTRY) Kentucky

10. NAME OF FATHER James Roland

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Clark Co.
(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Ann Oldham

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
(STATE OR COUNTRY) " "

14. INFORMANT Mrs. Thomas C. Smith
(Address) 803 Brookside Drive K.C. Mo.

15. FILED Dec 24 1932 FD Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 21 1932

17. I HEREBY CERTIFY, That I attended deceased from Dec 20 1932, to Dec 22 1932, that I last saw him alive on Dec 21 1932, and that death occurred, on the date stated above, at

THE CAUSE OF DEATH* WAS AS FOLLOWS:

11A Broncho-Pneumonia
107A
Influenza
(duration) yrs. mos. 3 ds.
CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. (1)

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) J. H. Hecker M. D.

Dec 23 1932 (Address) Independence Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lee Summit DATE OF BURIAL Dec 25 1932

20. UNDERTAKER OH + Mitchell ADDRESS Ind. 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.

JAN 24 1933

