

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

Do not use this space.

19682

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City (No. 1128, East 77th St.)

Registration District No. 389  
Primary Registration District No. 1003

File No. 2393  
Registered No. 2393  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

George W. Gorman  
(a) Residence, No. 1128 E. 77th St. 15 Ward.

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
(Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Grace M. Gorman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24 1873

7. AGE YEARS 59 MONTHS 5 DAYS 13 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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

10. Date deceased last worked at this occupation (month and year) June 7, 1933 11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Allegheny City, Penna

13. NAME George Gorman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Allegheny City, Pa

15. MAIDEN NAME Kate Martin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manning Iowa

17. INFORMANT Grace M. Gorman (ADDRESS) 1128 E. 77th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill Cemetery DATE 6-9-33

19. UNDERTAKER (ADDRESS) Luddarth - Buchanan

20. FILED June 8 1933 M. M. Crowe Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7 1933

22. I HEREBY CERTIFY, That I attended deceased from May 7 1933, to June 7 1933

I last saw him alive on June 5 1933. Death is said to have occurred on the date stated above, at 11:50 a.m.

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

Pulmonary Hemorrhage Date of onset \_\_\_\_\_

Other contributory causes of importance:

Chronic Tuberculosis of lungs

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Physic 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Edw. Geraghty, M. D.

(Address) 313 Mulberry St.

HC 110

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.

