

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

Do not use this space.

23097

**1. PLACE OF DEATH**

County Jackson Registration District No. 389  
 Township Kaw Primary Registration District No. 1008  
 City Kansas City (No. KC Gene Hoop KC Kaw) (St. Kaw) (Ward)

File No. 2796  
 Registered No. 2796

**2. FULL NAME**

May Gibson  
 (a) Residence, No. 1326 Eskew St., Ward. \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**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 Fred Gibson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 24/1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
43 9 7

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Housewife

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

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) Kansas

13. NAME Silas Gooding

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

15. MAIDEN NAME Fannie Graham

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT (ADDRESS) Reynold Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 7-7-33

19. UNDERTAKER (ADDRESS) Mrs. C. L. Foster  
718 Broadway Ave,

20. FILED July 6 1933 M. M. Corrine Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-5, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-27, 1933, to 7-5, 1933

I last saw him alive on 7-5, 1933 Death is said to have occurred on the date stated above, at 8:35 am m.

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

Pulmonary Embolism Date of onset

Other contributory causes of importance:

Childbirth

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

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1933

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) J. D. Jensen, M. D.

(Address) 718 Broadway Ave, Kansas City, 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.

STATE PLANT, WITH ENCLAVING INFORMATION IS A PERMANENT RECORD

