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.

SEP 26 1933

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

Do not use this space.

26548

1. PLACE OF DEATH
County JACKSON Registration District No. 399 File No.
Township KAW Primary Registration District No. 1003 Registered No. 3204
City KANSAS CITY (No. A & P STORE - 31 & PROSPECT Ward)

2. FULL NAME WILLIAM HENRY GILWEE
(a) Residence, No. 3315 - BELLEFONTAINE, Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ MRS. MARY SUSAN GILWEE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOVEMBER-28-1861

7. AGE: Years 71 | Months 8 | Days 19 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CONTRACTOR
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 30 YRS

12. BIRTHPLACE (CITY OR TOWN) MONTREAL (STATE OR COUNTRY) CANADA

FATHER
13. NAME WILLIAM HENRY GILWEE
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND

MOTHER
15. MAIDEN NAME MARY COFFEE
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND

17. INFORMANT MISS HELEN GILWEE (ADDRESS) 3315 - BELLEFONTAINE

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. WASHINGTON DATE AUGUST-19 1933

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) 2111 - EAST - 9TH ST.

20. FILED Aug 18 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/11/33 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 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
Coronary Occlusion (Selective)	
Chronic myocardial degeneration	

Other contributory causes of importance:

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 ....., 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) ..... DEP-COR