

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

Do not use this space.

26689

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 3111 Olive St.)

File No. _____
Registered No. 3449
St. _____ Ward _____

2. FULL NAME

GILWEE, James P.

(a) Residence, No. 3111 Olive Street St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 51 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 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 Katherine Martina

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 22 1866

7. AGE YEARS 67 MONTHS 4 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

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

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

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 21

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vermont

13. NAME Wm. Gilwee

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

15. MAIDEN NAME Mary Coffee

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

17. INFORMANT W. J. Gilwee (ADDRESS) 6335 Chestnut

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Marys DATE 9/1/33

19. UNDERTAKER Melody-McGilley V. C. Mo. (ADDRESS) _____

20. FILED Aug 31 1933 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 7 1931, to Aug 30 1931.

I last saw him alive on Aug 18 1933 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:

Chronic myocarditis
Atherosclerosis
Cerebral embolus

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no.

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) Abraham Saphran M. D.

(Address) _____ Aug 30/33

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.

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