

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

Do not use this space.

40267

1. PLACE OF DEATH

County Jackson Registration District No. 850 File No. 5076
 Township Keokuk Primary Registration District No. 1000 Registered No. 5076
 City Kansas City (No. Kansas City General Hospital St. _____ Ward _____)

2. FULL NAME

(a) Residence, No. 1568 man St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 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) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-15-1899
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 11 8

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 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) Missouri

MOTHER FATHER
 13. NAME Sylvester Gaunt

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

MOTHER FATHER
 15. MAIDEN NAME Sarah Gilham

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

17. INFORMANT Reed Clark
 (ADDRESS) 716 General Hospital

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Grandale Mo DATE Dec-28-33

19. UNDERTAKER Quinn & Tolson
 (ADDRESS) _____

20. FILED 12-26-33 M. M. Crowe
 (Address) _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-23, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-21, 1933, to 12-23, 1933

I last saw him alive on 12-23, 1933 Death is said to have occurred on the date stated above, at 1:45 P.M.

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

Pneumonia
108
108
 Other contributory causes of importance _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis Allen Find 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) S. J. Gaunt, M. D.

(Address) 716 General Hospital

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.

JAN 26 1934

2037

