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.

MAY 25 1934

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

Do not use this space.

12936

1687

1. PLACE OF DEATH
County Jackson — Registration District No. 300 — File No.
Township Raw — Primary Registration District No. — Registered No.
City K. C. Mo. (No. General Hosp. #2 St. 3rd Ward)

2. FULL NAME Gertrude Whitlock
(a) Residence, No. 2039 E. 18th St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female — 4. COLOR OR RACE Colored — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unk 1878

7. AGE — YEARS 55 — MONTHS — DAYS — If LESS than 1 day, ....hrs. or ....min.

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

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Bell Stevenson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Record Clerk

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Hill DATE 4/13 1934

19. UNDERTAKER (ADDRESS) Watkins Bros 1729 Lydia

20. FILED Apr. 13, 1934 M. M. Crowe Asst Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-9, 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-8, 1934, to 4-9, 1934
I last saw her alive on 4-9, 1934. Death is said to have occurred on the date stated above, at 3:15 P.M.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis with marked cavitation
Date of onset
Other contributory causes of importance: Toxemia
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? No
If so, specify .....
(Signed) [illegible] M.D.
(Address) General Hosp. #2