

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson  
 Township Kaw  
 City Kansas City (No. 5222 Brooklyn Ave.)

Registration District No. 388  
 Primary Registration District No. 1033

File No. 16968  
 Registered No. 2000  
 St. 2000 Ward

**2. FULL NAME** Mrs. Nancy E. Gigas

(a) Residence, No. 5222 Brooklyn Ave. St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED <del>HUSBAND OR</del> (OR) WIFE OF <u>A. C. Gigas</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 16, 1866</u>		
7. AGE	YEARS	MONTHS
	<u>67</u>	<u>10</u>
		DAYS
		<u>10</u>
		IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>
	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) Freeburg, Ill.  
 (STATE OR COUNTRY)

13. NAME Louis Baker

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

15. MAIDEN NAME Julia Whiteside

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

17. INFORMANT A. C. Gigas  
 (ADDRESS) 5222 Brooklyn Ave. K. C.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Tipton, Mo. DATE 5/28/34 1934

19. UNDERTAKER Freeman Mortuary  
 (ADDRESS) Kansas City, Mo.

20. FILED May 27, 1934 M. M. Crowe  
asst Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1934, to May 26, 1934.  
 I last saw her alive on May 26, 1934. Death is said to have occurred on the date stated above, at 3 p. m.

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

Gastric Carcinoma  
465  
103B  
 Other contributory causes of importance: Internal Hemorrhages

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

What test confirmed diagnosis? removal of tumor 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 \_\_\_\_\_, 1934  
 Where did injury occur? \_\_\_\_\_  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_

(Signed) D. Herbert Freeman W. O.  
 (Address) 810 Waldheim Bldg.

WHITE 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.

JUN 19 1934

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