

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

Do not use this space.

20750

1. PLACE OF DEATH

County JACKSON Registration District No. 300
Township RAW Primary Registration District No. 300
City KANSAS CITY (No. 7225; MADISON) St. Ward

File No. _____
Registered No. 20750

2. FULL NAME MRS. KATHERINE M. GARVEY GAMBLE

(a) Residence, No. 7225; MADISON 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 WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN-19-1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 5 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

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) OHIO

13. NAME LEONARD M. GARVEY

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEW JERSEY

15. MAIDEN NAME TRYPHENA HIMING

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

17. INFORMANT MRS. NELLIE W. ALLEN
(ADDRESS) 7225; MADISON AVE.

18. BURIAL, CREMATION, OR REMOVAL PLACE NEWCOMER'S VAULTS DATE JULY 3 1934

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

20. FILED July 7 1934 M. M. Brown Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE-30-1934

22. I HEREBY CERTIFY, That I attended deceased from May 3 1934, to June 28 1934, 1934
I last saw her alive on June 29 1934. Death is said to have occurred on the date stated above, at 10:35 P.M.

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

apoplexy 12!
Date of onset 7/3/34

Other contributory causes of importance:

Hardening of Arteries
Subacute Myelitis

Name of operation _____ Date of _____

What test confirmed diagnosis? Urinalysis 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.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) L. J. Livingston, M. D.
(Address) 1020 Chestnut St.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Aug 21 1934

1020 Chambers Bldg

2-4:30

#2 *Kansas City*

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

WASHINGTON

2924

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: *Mrs. Katherine M. Harvey Gamble*
Who died at _____ on *June - 30 - 1934*
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex *F* Color or race *W* Single, married, widowed or divorced: _____

Date of birth _____ Age: Years *85* Months *5* Days *11*

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: *apoplexy*

Other contributory causes of importance *Chronic hardening of arteries, interstitial nephritis*

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

(Signature of Registrar *M. M. Brown*) Date filed *7/2/34*

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. *399*

E. T. McGaugh, M.D.

Primary Reg. Dist. No. *1002*

Special Agent.

S-20750