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.

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

SEP 20 1934

Do not use this space.

29559

1. PLACE OF DEATH
County JACKSON — Registration District No. 399 — File No. 3978
Township KAW — Primary Registration District No. 1002 — Registered No. 3978
City KANSAS CITY (No. ST. LUKE'S HOSPITAL St. Ward)

2. FULL NAME MRS. RUTH E. GIBSON
(a) Residence, No. 4705 JARBOE St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 26 yrs. 8 mos. 29 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): MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF SAMUEL E. GIBSON
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV-27-1907
7. AGE: YEARS 26 — MONTHS 8 — DAYS 29 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE
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 1445

12. BIRTHPLACE (CITY OR TOWN) KANSAS CITY (STATE OR COUNTRY) MISSOURI

FATHER
13. NAME OSCAR HOOD
14. BIRTHPLACE (CITY OR TOWN) COFFEYVILLE (STATE OR COUNTRY) KANSAS

MOTHER
15. MAIDEN NAME BERTHA COOPER
16. BIRTHPLACE (CITY OR TOWN) DENVER (STATE OR COUNTRY) COLORADO

17. INFORMANT MR. SAMUEL E. GIBSON (ADDRESS) 4705 JARBOE AVE
18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK DATE AUG-28 1934
19. UNDERTAKER D. W. NEWCOMER'S Sons (ADDRESS) 2111 EAST 9TH ST.
20. FILED 8/27 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUGUST 26 1934
22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1934 to Aug 26, 1934
I last saw her alive on Aug 26, 1934 Death is said to have occurred on the date stated above, at 1:00 A.m.
The principal cause of death and related causes of importance were as follows:

1445

Ablatio Placentae (Premature Separation Placenta) — Date of onset

Other contributory causes of importance:

Toxemia of Pregnancy

Name of operation Blood Transfusion Date of 8/25/34
What test confirmed diagnosis Autopsy 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?
If so, specify
(Signed) Ralph K. Wilson, M. D.
(Address) 201 Plaza Sb. Bldg