

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

Do not use this space.

JAN 1 8 1935

43264

1. PLACE OF DEATH

County *Jackson*

Township *Staw*

City *Kansas City*

Registration District No. *399*

Primary Registration District No. *1002*

No. *1904 E. 30th*

File No. *5252*

Registered No. _____

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. *1904 E. 30th*

(Usual place of abode)

Ward. _____

(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 *Fe* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *A. D. Gaylord.*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 26 1865*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *69, 11, 3*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House*

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) *Shenandoah Iowa*

13. NAME *Ann B. Harrington*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *New York*

15. MAIDEN NAME *Cleanor Pack.*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ill*

17. INFORMANT *Mrs. Alpha D. Gaylord* (ADDRESS) *1904 E. 30th*

18. BURIAL, CREMATION, OR REMOVAL PLACE *mt Moriah* DATE *1-2-35*

19. UNDERTAKER *Cypress Funeral Home* (ADDRESS) *7 E. C. Ave.*

20. FILED *12-21-34* 19 *34* *M. M. Crowe* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec. 30 1934*

22. I HEREBY CERTIFY, That I attended deceased from *12/30* 19*34*, to *12/30* 19*34*

I last saw him alive on *Dec 29* 19____, 19____. Death is said to have occurred on the date stated above, at *29* m.

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

Heart block caused by coughing
1060
bronchitis.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) *Conrad Long*, M. D.
(Address) *3922 Ballal*

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.

Dr. J. C. Long 2722 Valley Dr 6626
9 A.M.