

AUG 20 1935

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

Do not use this space.

20026

## 1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. 1602  
City Kansas City (No. St. Luke's Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 2783

## 2. FULL NAME

Baby Gibson

(a) Residence, No. 148 Greenway Terrace 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 <u>Fe</u>	4. COLOR OR RACE <u>wh.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 6, 1935</u>		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day, <u>10</u> hrs. or <u>10</u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</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	

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6, 193522. I HEREBY CERTIFY, That I attended deceased from June 6, 1935, to June 6, 1935I last saw her alive on June 6, 1935. Death is saidto have occurred on the date stated above, at P. 9:55 m.

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

Asphyxia

Date of onset

Other contributory causes of importance:

Prolonged labor - occiput posterior - Podalic versionName of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Caesarean Was there an autopsy? no23. 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) J. Kirby Singleton, M. D.  
(Address) 1103 Grand Ave

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City Missouri</u>
	13. NAME <u>James E. Gibson</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City Mo.</u>
	15. MAIDEN NAME <u>Marie Stone</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>K. C. Mo.</u>
	17. INFORMANT <u>James E. Gibson</u> (ADDRESS) <u>448 Greenway Terrace</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calumet</u> DATE <u>7-12-35</u>
	19. UNDERTAKER <u>Sting &amp; McChase</u> (ADDRESS) <u>3235 Wilkows Plaza</u>
	20. FILED <u>July 10 1935</u> M. M. <u>Crow</u> Registrar.

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

