

SEP 25 1935

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

Do not use this space.

26713

1. PLACE OF DEATH

County Jankson

Registration District No. 404

Township Washington

Primary Registration District No. 5558

City Kansas-City

(No. 8306 Prospect)

File No. 42

Registered No.

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mrs. Jane Gault

(a) Residence, No. 8306 Prospect

St. \_\_\_\_\_ 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

Wh

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11, 1859

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .....hrs. or .....min.

76

5

13

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

At Home

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)

Ill.

MOTHER FATHER

13. NAME Dave Hampton

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

Unknown

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT (ADDRESS)

John Gault  
8306 Prospect

18. BURIAL CREMATION, OR REMOVAL

PLACED IN Floral Hills Cemetery

DATE 8-27-35

19. UNDERTAKER (ADDRESS)

R. V. Lindsey and Sons

20. FILED Aug 26 1935

3811 Broadway K.C. Mo.

MEDICAL CERTIFICATE OF DEATH

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

Aug 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from

Mar 3, 1935, to Aug 24, 1935

I last saw her alive on Aug 24, 1935. Death is said to have occurred on the date stated above, at 4 P.M.

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

Myocardial infarction

Date of onset mid June

Other contributory causes of importance:

Left femoral fracture  
of neck of femur

Feb 1935

Name of operation on fracture Date of Feb - 1935

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also, the following:

Accident, suicide, or homicide? accident Date of injury Feb 17, 1935

Where did injury occur? her home, Kansasville, Mo. (Specify city or town, county, and State)

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

in home

Manner of injury A fall on hip

Nature of injury left femoral fracture of neck of femur

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) R. V. Lindsey, M. D.

(Address) Marion City Mo

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.

WHITE PERMIT, WITH ENDORSEMENT, THIS IS A PERMANENT RECORD

