

OCT 22 1935

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

Do not use this space.

29695

1. PLACE OF DEATH

County Jackson

Registration District No. 300

Township Kansas City

Primary Registration District No. 1002

City Kansas City

(No. Memorial Hospital)

File No. ....

Registered No. ....

St. 3rd Ward

2. FULL NAME

(a) Residence. No. Winifred George Gilby St. Kingston Mo. 3rd Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Single

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

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

July 17-1916

7. AGE

YEARS MONTHS DAYS  
19 | 2 | 7  
If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

10. NAME OF FATHER

G. H. Gilby

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) England

12. MAIDEN NAME OF MOTHER

Minnie Wiandt

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Ohio

14. INFORMANT

G. H. Gilby  
(Address) Kingston Mo.

15. FILED

9/25 1935 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Sept 24 1935

17.

I HEREBY CERTIFY, That I attended deceased from Jan 22 1935, to Sept 24 1935, that I last saw him alive on Sept 24 1935, and that death occurred, on the date stated above, at 6:35 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Osteogenic sarcoma of the left tibia  
52

CONTRIBUTORY (SECONDARY)

Metastatic sarcoma Both lungs  
3

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH... Kingston Mo  
DID AN OPERATION PRECEDE DEATH... yes DATE OF Feb 5-1935

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Rueph & Mueller, M. D

Sept 25, 1935 (Address) 660 Proftedy Kansas

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Polo Mo.

DATE OF BURIAL

Sept 27 1935

20. UNDERTAKER

Mr. C. L. Foster

ADDRESS

918 Brooklyn

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.

4611  
Prof. B. S. G. -