

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**

Do not use this space.

36132

0757

NOV 23 1935

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Kaw Primary Registration District No. _____
 City K.C., Mo. (No. 2712 East 26th St.) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME

Letetia Gannaway

(a) Residence, No. 2712 East 26th 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 Fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6 - 1838

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
97 # 90

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

13. NAME Wm Adkinson

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

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT Miss Blanche Rodicker
 (ADDRESS) 2712 East 26th

18. BURIAL, CREMATION, OR REMOVAL PLACE Buttontownship Mo DATE Nov 1935

19. UNDERTAKER Mrs. C. L. Foster
 (ADDRESS) 711 Broadway, Mo.

20. FILED 11-16 1935 mm Crowder
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov - 16 - 1935

22. I HEREBY CERTIFY, That I attended deceased from November 11, 1935, to Nov 11, 1935, 1935

I last saw her alive on Nov 11, 1935 Death is said

to have occurred on the date stated above, at 10 A.M.

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

Coronary thrombosis Date of onset 11/11/35

(Handwritten initials: GWB)

Other contributory causes of importance:

arteriosclerosis
Cerebral thrombosis 1910
1933
1923

Name of operation _____ Date of _____

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? _____ Date of injury _____, 1935
 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) G. W. Bayliss M. D.

(Address) 730 Professional Bldg

Argyle Brg.

Via 2444

2:00 - 4:30