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.

36183

DEC 26 1935

1. PLACE OF DEATH
County Jackson — Registration District No. ..... — File No. 4410
Township Kaw — Primary Registration District No. ..... — Registered No. .....
City Kansas City (No. Mt Morah Hosp. ..... St. ..... Ward)

2. FULL NAME Phillip Gumick (Phil Gray)
(a) Residence, No. 2850 Troost St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ~~Workgoods~~ None
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ~~Not Known~~
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28, 1860
7. AGE YEARS about 75 MONTHS 2 DAYS 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Musician
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) Not Known

FATHER
13. NAME Not Known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT (ADDRESS) Appleman Home City
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Carmel DATE 11-20-1935
19. UNDERTAKER (ADDRESS) J. P. Louis Funeral Home City
20. FILED Nov. 20 1935 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-15-1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1935, to Nov 15, 1935
I last saw him alive on Nov 15, 1935. Death is said to have occurred on the date stated above, at 11:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	?
Cardiac decompensation	3 wks

Other contributory causes of importance:

95 & 2

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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 ....., 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) H. Schaeles, M. D.
(Address) 1405 Bryant Bldg