

MAY 19 1936

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

Do not use this space.

15075

## 1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township D. Row Primary Registration District No. 1002  
City Kansas City (No. 7314 Main St) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 1775  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. Daisy C Gelbert St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) 7314 Main

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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX He 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. P. Gelbert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr-6-1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
56 11 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Housewife  
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) Wyant Iowa13. NAME W. R. Grubill14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn15. MAIDEN NAME Sybil Bear16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn17. INFORMANT W. P. Gelbert  
(ADDRESS) 7314 Main St18. BURIAL, CREMATION, OR REMOVAL  
PLACE Memorial PK DATE Apr-2 193619. UNDERTAKER W. W. Newcomers Sons  
(ADDRESS) Kansas City Mo20. FILED Apr 2 1936 M. M. Grant  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 1st 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1 1931, to March 9 1936.  
I last saw he alive on March 9 1936. Death is said to have occurred on the date stated above, at 6:20 A.M.

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

Carcinoma right breast  
50  
Date of onset 1931

Other contributory causes of importance:

Generalized metastases

Name of operation Breast Amputation Date of operation May 4, 1931  
What test confirmed diagnosis? pathology 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? \_\_\_\_\_

If so, specify \_\_\_\_\_  
(Signed) Louise P. Engel, M. D.

(Address) 1228 Prof Bldg

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.

Professional Bldg.

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