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.

MAY 19 1936

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

Do not use this space.

1. PLACE OF DEATH
County JACKSON — Registration District No. 399 — File No. 15153
Township KAW — Primary Registration District No. 1002 — Registered No. 1854
City KANSAS CITY (No. 322 NORTH WHEELING St. ..... Ward)

2. FULL NAME MRS. JUSTINE GAUME
(a) Residence, No. 322 NORTH WHEELING 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. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCTOBER 13 1851

7. AGE — YEARS 84 — MONTHS 5 — DAYS 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) NAPOLEON (STATE OR COUNTRY) OHIO

FATHER
13. NAME LAURANCE O. BLANCHAT
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SWITZERLAND

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SWITZERLAND

17. INFORMANT MRS. ALICE WARD (ADDRESS) 322 NORTH WHEELING

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. ST. MARYS DATE APRIL 9 1936

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) KANSAS CITY, MISSOURI

20. FILED 4-8 1936 M. M. Crowe, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from September 7, 1936, to April 7, 1936
I last saw her alive on April 7, 1936 Death is said to have occurred on the date stated above, at 2:35 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
apoplexy — 48	4-5-36

Other contributory causes of importance:

Carcinoma of womb	about 2 yrs

Name of operation ✓ Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

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) [signature] W. Martin, M. D.
(Address) 6800 Winner Rd. K.C. Mo.

6800 Winner Road
12-5