

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

Do not use this space.

SEP 29 1936

31005

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No., St. Ward)

File No.
 Registered No. 3505

2. FULL NAME Gertrude Barbae Huff

(a) Residence, No. 2451 Tracy Ave St. 4th 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 Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 26th 1888.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
48 5 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

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) Central City, Col

13. NAME Robert Barbae

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

15. MAIDEN NAME Carrie Fryor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT Leroy Huff
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Highland Cemetery DATE Aug 18th 1936

19. UNDERTAKER C. H. Countee & SON
 (ADDRESS) 2220 Vine St. Mo

20. FILED 8.17.36 M. M. Brown
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14th 1936

22. I HEREBY CERTIFY, That I attended deceased from July 5 1936 to Aug 14 1936
 Last saw him alive on Aug 14 1936 Death is said to have occurred on the date stated above, at 7 P. M.

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

Carcinoma of the uterus
 Date of onset 48

Other contributory causes of importance Metastases to Liver, Anaphic carcinoma & abdominal dropsy

Name of operation None 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?
 If so, specify

(Signed) W. H. Brown
 (Address) 224 Vine St

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.

1214 Ocean St.
E. P. M.