

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.

SEP 29 1936

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

Do not use this space.

31103

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Townshp Kaw Primary Registration District No. 1002  
 City Kansas City (No. General Hospital) File No. 30963  
 Registered No. 30963 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Wilbur E. Gilpin  
 (a) Residence, No. 9010 Wilson Road 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Geraldine Gilpin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 31, 1893</u>		
7. AGE	YEARS <u>43</u>	MONTHS <u>0</u>
		DAYS <u>22</u>
	IF LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Cabinet Maker</u>	
	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) <u>Oklahoma</u>		
FATHER	13. NAME <u>Albert Gilpin</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No record</u>	
MOTHER	15. MAIDEN NAME <u>Emma Williams</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No record</u>	
17. INFORMANT <u>Mrs. Geraldine Gilpin</u> (ADDRESS) <u>9010 Wilson Road, Kansas City, Mo.</u>		
18. BURIAL, CREMATION OR REMOVAL <u>Floral Hills Cemetery</u> PLACE <u>Kansas City, Mo.</u> DATE <u>August 25, 1936</u>		
19. UNDERTAKER <u>Stine &amp; McClure</u> (ADDRESS) <u>3235 Gillham Plaza</u>		
20. FILED <u>8 23 1936</u> <u>M. M. Brown</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/22/36 1936

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_  
 I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
Gunshot wound of the head  
167  
 Other contributory causes of importance:  
NO  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis \_\_\_\_\_ 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 \_\_\_\_\_  
 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 shot self in head  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) [Signature] \_\_\_\_\_, M. D.  
 (Address) [Signature]

