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.

OCT 15 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 1002 — File No. 34482
Township Raw — Primary Registration District No. — Registered No.
City K. C. (No. 623 East 13 St. 4270 Ward)

2. FULL NAME Mollie M Gillespie
(a) Residence, No. 623 East 13 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 Female
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 Greer C. Gillespie
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-13-1890
7. AGE Years 46 Months 6 Days 2 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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) Illinois

FATHER
13. NAME Frank Nedsley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknow

MOTHER
15. MAIDEN NAME Nora Polly
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Greer C. Gillespie 623 E 13
18. BURIAL, CREMATION, OR REMOVAL PLACE Cowden Ill DATE Sept 16 1936
19. UNDERTAKER (ADDRESS) A. P. Doehler 1415 E 13
20. FILED 9-15 1936 M. M. Crowe, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 15 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1936, to Sept 14, 1936
I last saw her alive on Sept 14, 1936. Death is said to have occurred on the date stated above, at 1 45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	9/10/36
Other contributory causes of importance:	
Carcinoma of Uterus	1935

Name of operation Hysterectomy Date of 1935
What test confirmed diagnosis? Pathologist 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) John M. Powers, M. D.
(Address) 3322 1/2 E. 27th St

M-1-20-36 X7044

Dr Powers
27th Indiana Li 0919
2932 Lockridge Li 2409