

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.

JAN 20 1937

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

Do not use this space.

44638

File No. _____
Registered No. 4020 _____
St. _____ Ward) _____

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence, Mo.

Registration District No. 398
Primary Registration District No. 5554

2. FULL NAME

Walter J. Gilbert
(a) Residence, No. 1415 - 1/2 Sussington Ave. Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. 1 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W.</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>Gertrude B. Gilbert</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 20 - 1880</u>		
7. AGE	YEARS <u>56</u>	MONTHS <u>9</u>
	DAYS <u>1-</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>Sales man</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) <u>Nov 1936</u>	11. Total time (years) spent in this occupation <u>10</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marion, Mo. Wis.</u>		
FATHER	13. NAME <u>Guthrie J. Gilbert</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Valders, Norway</u>	
MOTHER	15. MAIDEN NAME <u>Bertha Erikson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Valders, Norway</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Gertrude Gilbert</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Cremation</u> DATE <u>12-28-36</u>		
19. UNDERTAKER (ADDRESS) <u>Sargon Funeral Home Inc. 5th St. 5th St.</u>		
20. FILED <u>12-28-36</u> 19 <u>36</u> <u>J. L. Cook</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan. 35 to Feb 21, 1936
I last saw him alive on Dec 20, 1936 Death is said to have occurred on the date stated above, at 9:18a.
The principal cause of death and related causes of importance were as follows:
Pneumonia Left lobe
108
Other contributory causes of importance:
Edgell's disease of the nerves

Name of operation none 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? no Date of injury _____, 19____
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) J. L. Green M. D.
(Address) Independence, Mo.

