MAR 13 1937

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

Do not use this space.

6313

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. —
Township Kaw — Primary Registration District No. 1002 — Registered No. 700
City Kansas City (No. 2108 East 41st St. St. Ward)

2. FULL NAME Mrs Lena GORHAM
(a) Residence, No. 2108 East 41st 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: Sanford B. Gorham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 9/10/1904

7. AGE: 235 — YEARS: 32 — MONTHS: 4 — DAYS: 25 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife
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): Missouri

FATHER
13. NAME: Georte B Barham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Mable Lyons
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): S.B.Gorham, husband, 2108 East 41st, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Braymer, Mo. DATE 2/8/37, 19

19. UNDERTAKER (ADDRESS): Mellody McGilley K C Mo.

20. FILED 4/7, 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2/5/37, 19

22. I HEREBY CERTIFY that I attended deceased from ....., 19..., ..., 19...
I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound of the Chest	

Other contributory causes of importance:

W 167

Name of operation Autopsy Date of ....
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 2/5/37
Where did injury occur? 2108 E 41st K C Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Trauma by firearms
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]

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.