

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

Do not use this space.

15148

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Kaw

Primary Registration District No. 1002

City Kansas City

(No. 921 Cherry)

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME Mrs. Elizabeth Gibson

(a) Residence, No. 5140 Walnut 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

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

Foster Gibson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

April 5, 1900

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

37

0

2

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)

Kansas City Mo.

13. NAME

Charles E. Kraft

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis Mo.

15. MAIDEN NAME

Kathryn Schroeder

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

Dubuque Iowa

17. INFORMANT (ADDRESS)

Mrs. Kathryn Kraft 5140 Walnut

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park DATE April 9, 1937

19. UNDERTAKER (ADDRESS)

D.W. Newcomer's Sons

20. FILED

Apr. 9, 1937 m. m. brown

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____

I last saw him _____ on _____, 19____. Death is said to have occurred on the date stated above, at 5:45 P.m.

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

Brain tumor (malignant)
Intra-cranial pressure

Date of onset

Other contributory causes of importance: 53

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 _____, 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 related to occupation of deceased? _____

If so, specify _____

(Signed) _____, M. D.

(Address) _____

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

St. Marys Bay.

10:30-11:30

11/28/23