

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

Do not use this space.

JUN 10 1937

23000

1. PLACE OF DEATH

County Jackson

Registration District No. 399

File No. \_\_\_\_\_

Township Kaw

Primary Registration District No. 100

Registered No. 750

City Kansas City

(No. Trinity Lutheran Hosp. Ward)

2. FULL NAME

(a) Residence, No. 7003 Santa Fe Blvd.

Ward. Overland Pl. Ks.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

I HEREBY CERTIFY that I attended deceased from June 5, 1937, to June 5, 1937.  
I last saw him alive on \_\_\_\_\_ Death is said to have occurred on the date stated above, at Stillborn.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. Stillborn

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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 \_\_\_\_\_

Stillborn  
Breath labor  
Date of onset 6-5-37

Other contributory causes of importance: \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo.

13. NAME Edgar Harrison Gossard

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

15. MAIDEN NAME Dorthea Hood

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

17. INFORMANT Edgar Harrison Gossard

(ADDRESS) Overland Pl. Ks.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cremation DATE June 6, 1937

19. UNDERTAKER W. W. Newcomer Sons

(ADDRESS) French Creek - Pass

20. FILED 6/5/37 M. Monroe

Registrar.

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Eyes 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? No  
If so, specify \_\_\_\_\_

(Signed) Argene T. Ferguson M. D.  
(Address) 933 W. 7th St.

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.

Wm E. N. Ferguson  
1821 W 50th

Lab. to ...  
H. ...