AUG 11 1937

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

Do not use this space.

26351

1. PLACE OF DEATH
County JACKSON
Township KAW
City KANSAS City (No. 1911, E. 70th St. Ward)
Registration District No. 399
Primary Registration District No. 1002
File No. 8004
Registered No.

2. FULL NAME MRS. GERTRUDE HAINES COLES
(a) Residence, No. 1911 E. 70th St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 37 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: CRAWFORD B. COLES
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): FEB. 4, 1878
7. AGE: 35 YEARS: 59 MONTHS: 5 DAYS: 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home
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): WINCHESTER VA.

FATHER
13. NAME: JONATHAN H. HAINES
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN VA.

MOTHER
15. MAIDEN NAME: MARY ANN FAGAN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York city N.Y.

17. INFORMANT (ADDRESS): MR. H.A. BOWMAN 3707 PASEO
18. BURIAL, CREMATION, OR REMOVAL PLACE: Mt. MORIAH DATE: July 20, 1937
19. UNDERTAKER (ADDRESS): D.W. NEWCOMER'S SONS BRUSHCREEK + PASEO
20. FILED: July 19, 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 18, 1937
22. I HEREBY CERTIFY, That I attended deceased from JULY 4, 1935, to JULY 18, 1937
I last saw her alive on JULY 18, 1937. Death is said to have occurred on the date stated above, at 4:35 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
CHRONIC HYPERTROPHIC ARTHRITIS	2 YRS
(3)	
Other contributory causes of importance:	
CHRONIC MYOCARDITIS	1 YR
CHRONIC NEPHRITIS WITH EDEMA	6 MOS

Name of operation: (O) Date of
What test confirmed diagnosis? Was there an autopsy? NV

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? NV
If so, specify
(Signed) B. C. Quisigan, M. D.
(Address) 6944 Prospect KCL

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.

6935 Prospect