

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.

AUG 11 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County JacksonRegistration District No. 299Township KawPrimary Registration District No. 1002City Kansas City(No. 3312 Gillham Road)File No. 26486Registered No. 3100

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Mrs. Ada Gwynne Huston(a) Residence, No. 3312 Gillham Road

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)

Widowed

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFHunter Anderson Huston

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

May 7, 1849

## 7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1  
day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.288224

## OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At 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)

Ohio

## MOTHER FATHER

## 13. NAME

Alexander Finley Gwynne

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

Pennsylvania

## 15. MAIDEN NAME

Ann Ellen Barr

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

Ohio

## 17. INFORMANT (ADDRESS)

Mrs. Ellen Finley Huston  
3312 Gillham Road

## 18. BURIAL, CREMATION OR DISPOSITION

PLACE Junction Cy., Kansas DATE Aug. 1, 1937

## 19. UNDERTAKER (ADDRESS)

Stine & McClure  
3235 Gillham Plaza

## 20. FILED

July 31, 1937 M. M. Browne

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31, 193722. I HEREBY CERTIFY, That I attended deceased from July 6, 1937, to July 31, 1937I last saw her alive on July 10, 1937 Death is said to have occurred on the date stated above, at A. 3:30 m.

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

Cerebral Haemorrhage Date of onset \_\_\_\_\_

Other contributory causes of importance:

RemedyName of operation none Date of \_\_\_\_\_What test confirmed diagnosis? Physical Examination Was there an autopsy? No

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? \_\_\_\_\_ (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) J. H. O'Connell, M. D.(Address) Kansas City, Mo.

Pat. [unclear]

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