

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

Do not use this space.

NOV 18 1937

36946

1. PLACE OF DEATH

County JACKSON Registration District No. 399
Township RAW Primary Registration District No. 1002
City KANSAS CITY (No. 3917) CHARLOTTE St. _____ Ward _____

2. FULL NAME

MAYE ADAMSON GILCHRIST
(a) Residence, No. 3917 CHARLOTTE 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 FE. 4. COLOR OR RACE WH. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. D. GILCHRIST

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG. 28 - 1882

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>55</u>	<u>2</u>	<u>2</u>	<u>2</u>	

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) STUART
(STATE OR COUNTRY) IOWA

13. NAME ENOCH ADAMSON

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

15. MAIDEN NAME UNKNOWN

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

17. INFORMANT CHAS. A. GILCHRIST
(ADDRESS) 3917 CHARLOTTE

18. BURIAL, CREMATION, OR REMOVAL PLACE CREMATION DATE 11-1, 1937

19. UNDERTAKER D. W. NEWCOMER'S SONS
(ADDRESS) 130 E. PASED

20. FILED OCT 31 1937 M. M. Browne
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCT. 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-22, 1937, to 10-30, 1937

I last saw her alive on 10/30, 1937 Death is said to have occurred on the date stated above, at 7:30 p. m.

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

Circumstances of the
Stomach
46

Other contributory causes of importance:

none

Name of operation none Date of _____
What test confirmed diagnosis? X-ray and where 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?

If so, specify no
(Signed) Lawrence E. Lawrence, D.
(Address) 700 Central Ave
K. C. Mo.

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.

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31
31

70: ~~100~~ 100
R.C. ~~100~~ 100
10 AM
Done