

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

DEC 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson  
Township Raw  
City Kansas City

Registration District No. 399  
Primary Registration District No. 1002  
(No. Basement at 1943 Broadway - Matthews Laundry St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. 40484  
Registered No. 4938

2. FULL NAME

(a) Residence, No. 3539 Agnes St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Gertrude Eliza M<sup>e</sup> Gee</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 20 - 1878</u>		
7. AGE YEARS <u>59</u>	MONTHS <u>7</u>	DAYS <u>6</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Stationary Engineer</u>		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lawrence Kansas</u>
	13. NAME <u>John Jacob M<sup>e</sup> Gee</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pennsylvania</u>
	15. MAIDEN NAME <u>Olivia Gillispie Correl</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>
	17. INFORMANT <u>Gertrude Eliza Correl</u> (ADDRESS) <u>3539 Agnes Kansas City Missouri</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Hill cemetery</u>	DATE <u>November 29 1937</u>
19. UNDERTAKER <u>John J. Sheehan</u> (ADDRESS) <u>Kansas City Missouri</u>	
20. FILED <u>Nov. 29 1937</u>	<u>M. M. Corow</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/26/37

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, 19\_\_\_\_.

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:  
Dissecting aneurysm of the aorta  
hemorrhaging

Date of onset \_\_\_\_\_

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

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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 specified in any way related to occupation of \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) St. John  
(Address) \_\_\_\_\_

1944 W. M. ...