

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

Do not use this space.

44449

JAN 17 1938

1. PLACE OF DEATH

County Lackson
Township New York
City Kansas City Mo. (No. St. Vincents Hosp)

Registration District No. 399
Primary Registration District No. 10P2

File No. 102
Registered No. 102
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 7 - 1937</u>		
7. AGE	YEARS	MONTHS
<u>Still Born</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>None</u>
	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) <u>Kansas City, Mo.</u>		
FATHER	13. NAME <u>James G. Gildea</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City, Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Irene Michal</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Houston, Texas</u>	
17. INFORMANT <u>James G. Gildea</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>St. Marys</u>	DATE <u>11-8-37</u>
19. UNDERTAKER <u>Sheil Funeral Home</u>		
20. FILED <u>Nov 8 37 M. M. Grove</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 7 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 7 1937, to Nov 7 1937.

I last saw h. Still Born No. 7 1937. Death is said to have occurred on the date stated above, at 10 - 2 m.

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

Still Born
Contracted Tox
Premature Rupture of Membranes
Functio laesa
Fetters of Fetal Heart

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____
If so, specify _____
(Signed) Arthur H. Stott _____, M. D.
(Address) 392 E 90th St _____
Newark Mo

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.

