

REC'D JUN 9 1938

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

17247

Do not use this space.

1. PLACE OF DEATH *Jackson*
- (a) County *Jackson* Registration District No. *39*
- (b) Township *Jackson* Primary Registration District No. *1003* Registered No. *1944*
- (c) City *Kansas City* (d) Street No. *Wheately Hospital* St.
- (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME *Gertrude Madson* *325*
- (a) Residence, No. *Marshall Mo.* St.  (If nonresident, give city or town and State)
- (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. COLOR OR RACE *col* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *G. H. Madson*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 9, 1889*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.
- 48 04 29*

- OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. *Housewife*
10. Date deceased last worked at this occupation (month and year) *1-7-38*
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Jackson* *Tenn*

- FATHER
13. NAME *Unknown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

- MOTHER
15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT (ADDRESS) *Hospital, P.O. Wheately et H. C. Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Marshall Mo.* DATE *5-14-38*

19. FUNERAL DIRECTOR (ADDRESS) *F. D. Ferguson*

20. FILED *570* *38* *Mo. No. Craue* Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 10 1938*

22. I HEREBY CERTIFY, That I attended deceased from *April 29* 1938, to *May 9* 1938.

I last saw him alive on *May 9, 1938*. Death is said to have occurred on the date stated above, at *3 A.* m.

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

*Hypothyroidism* *1935*

*Toxic cyst adenoma*

*66 B*

Other contributory causes of importance: *myocardial degeneration* *1937*

- Name of operation *Thyroidectomy* Date of *May 9th*
- What test confirmed diagnosis? *Specimen* Was there an autopsy?

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 *Dr. Twyman*, M. D.

(Signed) *Dr. Twyman* (Address)

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
.....L. E.....  
No.....or by....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**