REC'D AUG 8 1938

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

Do not use this space.

24318

File No.

Registered No. 2823

1. PLACE OF DEATH
County Jackson
Township
City Kans City (No. Trinity Lutheran Hosp. St. Ward)

Registration District No. 329
Primary Registration District No. 10

2. FULL NAME Emma Mae Gilkey Gilman
(a) Residence, No. 3807 Prospect St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
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 OF William
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown 1862
7. AGE YEARS 76 MONTHS unknown DAYS If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) Whitehall
(STATE OR COUNTRY) Mo.

FATHER
13. NAME Henry Watkins
14. BIRTHPLACE (CITY OR TOWN) N.Y.
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Mary Conell
16. BIRTHPLACE (CITY OR TOWN) Ky
(STATE OR COUNTRY)

17. INFORMANT Mrs Florence Rauer
(ADDRESS) 3807 Prospect Kcmo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodlawn KCK DATE July 14 1938
19. UNDERTAKER R. A. Fulton
(ADDRESS) Kckansas
20. FILED 7-13 1938 M. M. Crowe, asst
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12 1938

22. I HEREBY CERTIFY, That I attended deceased from June 11 1938, to July 12 1938, 1938
I last saw him alive on July 12 1938. 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:

	Date of onset
Chronic Interstitial nephritis	June 11/38
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Other contributory causes of importance: Chronic Myocarditis

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 or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Henry Saal M. D.
(Address) 509 Hurman Bldg K Cty

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Corrected Oct 17 1939 by affidavit L. Ward

See affidavit in misc file D H 119-1438