

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

34766
Do not use this space.

RECD NOV 21 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Raw Primary Registration District No. _____ Registered No. 4102
 (c) City Kansas City (d) Street No. Wheatley Hospital St. _____
 (If death occurred in Hospital or institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) Home long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 40 August St. Kans City, Mo
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ada Gilbert
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-4-1900
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 0 14
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as saw mill, bank, etc. Pullman Land
 10. Date deceased last worked at this occupation (month and year) Oct 1938 11. Total time (years) spent in this occupation 11 yrs
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma
 FATHER 13. NAME William Gilbert
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 MOTHER 15. MAIDEN NAME Estella Carter
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma
 17. INFORMANT (ADDRESS) Ada Gilbert
40 August
 18. BURIAL, CREMATION, OR REMOVAL PLACE But Sawm DATE 10-21 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) R. C. Emb. & Casket Co.
440 State Ave.
 20. FILED Oct 21, 1938 M. M. Crowe
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-18 1938
 22. I HEREBY CERTIFY, That I attended deceased from 10/17/38 to 10/18/38
 I last saw him alive on 10/18/38 Death is said to have occurred on the date stated above, at 5:00 a. m.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset 10/8
 Other contributory causes of importance:
Acute Pulmonary Congestion
 Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None Date of injury _____, 19____
 Where did injury occur? None (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 Eugene B. Perry M. D.
 (Signed) _____
 (Address) 1214 Vine, K. City

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.