

REC'D FEB 20 1939

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

1160
Do not use this space.

1. PLACE OF DEATH

(a) County JACKSON Registration District No. 399
(b) Township RAW Primary Registration District No. 1002 Registered No. 173
(c) City KANSAS CITY (d) Street No. GENERAL 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 3 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

W. W. WANAH GAY
(a) Residence, No. 3242 PASEO 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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) DIVORCED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF LORENZO GAY
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN. 6, 1904
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 35 8
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. DRESS MAKER
9. Industry or business in which work was done, as 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) VADIS (STATE OR COUNTRY) WEST VIRGINIA

FATHER 13. NAME W.F. WISEMAN 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WEST VIRGINIA

MOTHER 15. MAIDEN NAME NETTIE SWICK 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WEST VIRGINIA

17. INFORMANT MRS. NETTIE WISEMAN (ADDRESS) TOPEKA KANS

18. BURIAL, CREMATION, OR REMOVAL PLACE TOPEKA KANS DATE 1-16-39

19. FUNERAL DIRECTOR (NAME) J.P. LOUIS FUNERAL HOME (ADDRESS) 3400 WOODLAND

20. FILED Jan 15 1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN. 14 1939

22. HEREBY CERTIFY, That I attended deceased from Deputy Coroner 1939, 1939. I last saw him alive on Jan 14, 1939. Death is said to have occurred on the date stated above, at 7:10 A.M.
The principal cause of death and related causes of importance were as follows:

Automobile Trauma
(Pedestrian)
Lacuna Humoral
Bran
210 m
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 Accident Date of injury 1-11-39
Where did injury occur? Spain
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Public

Manner of injury Struck by car
Nature of injury Car 9th Ave Brn

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) P. M. Crowe M. D.
(Address) Spain

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.