REC'D AUG 7 1939

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

Do not use this space.

File No. 24699
Registered No. 2912

1. PLACE OF DEATH
County Jackson 2
Township Kaw
City Kansas City (No. 4515 State Line St. Ward)
Registration District No. 399
Primary Registration District No. 100

2. FULL NAME 1 Gd William Gabrielson
(a) Residence, No. 4515 State Line 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Alvina Gabrielson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6, 1865

7. AGE: Years 74 | Months 1 | Days 10 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Kansas City Water Dept.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden 7

FATHER
13. NAME Grabril Gabrielson 7
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden 7

MOTHER
15. MAIDEN NAME Unknown 7
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

17. INFORMANT Mrs. Alvina Gabrielson
(ADDRESS) 4515 State Line

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE July 18, 1939

19. UNDERTAKER Gates Funeral Home
(ADDRESS) Kansas City, Kansas

20. FILED July 18, 1939 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1939, to July 16, 1939
I last saw him alive on July 16, 1939. 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
Carcinoma of the Stomach	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury X, 19..
Where did injury occur? X
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. X
Manner of injury X
Nature of injury X

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

(Signed) [illegible], M. D.
(Address) 2045 Broadway