

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

**31510**  
Do not use this space.

1939 OCT 13

1. PLACE OF DEATH  
 (a) County Jackson 3 Registration District No. 399  
 (b) Township KAW Primary Registration District No. 1002  
 or Kansas City (c) City No. 33rd & Walnut St. 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) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 416 Harry Gilbert  
 (a) Residence, No. 1524 E 31st St. 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 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 Tibby Gilbert  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17, 1880  
 7. AGE YEARS 59 MONTHS 1 DAYS 27 If LESS than 1 day, .....hrs. or .....min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Peddler  
 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

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-14-1939  
 22. I HEREBY CERTIFY, That I attended deceased from 10:55 A.M. 9/14/1939, to 11:30 AM 9/14, 1939  
 I last saw him alive on Sept 14, 1939. Death is said to have occurred on the date stated above, at 11 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Coronary occlusion  
9413  
 Date of onset 9/14/39  
 Other contributory causes of importance:  
Had "heart attacks" at previous times.  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No.  
 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? \_\_\_\_\_  
 (Signed) James R. ... LOD.D.  
 (Address) 17 E 70th St.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russice 7  
 FATHER 13. NAME Hyman Joseph Gilbert  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia 9  
 MOTHER 15. MAIDEN NAME Dora Gilbert 1  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia  
 17. INFORMANT Meyer Gilbert  
 (ADDRESS) K. C. Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Shelby Cem. DATE 9-15-1939  
 19. FUNERAL DIRECTOR (NAME) J. P. Louis Treadwell  
 (ADDRESS) K. C. Mo  
 20. FILED 9-15 19 39 W. M. ...  
 Local Registrar.

MARGIN RESERVED FOR BINDING  
 WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD  
 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.  
 V. S. NO. 2. 80M-9-19-38 I X 16665

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**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.**