

FILED FEB 10 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1399

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 356

1. PLACE OF DEATH:

(a) County JACKSON
 (b) City or town KANSAS CITY
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4111 WARWICK BLVD.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 33 YEARS
 years, months or days)

3. (a) PRINT FULL NAME MRS. MARY ACATHA GIBBS3. (b) If veteran, name war No 3. (c) Social Security No. NONE4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED6. (b) Name of husband or wife MR. CHARLES A. GIBBS 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased APRIL 14 1856
(Month) (Day) (Year)8. AGE: Years 87 Months 9 Days 6 If less than one day hr. _____ min. _____9. Birthplace WAYNE COUNTY PENNSYLVANIA
(City, town, or county) (State or foreign country)10. Usual occupation DRESSMAKER

11. Industry or business _____

12. Name THOMAS HIGGINS13. Birthplace IRELAND
(City, town, or county) (State or foreign country)14. Maiden name MARY JORDAN15. Birthplace IRELAND
(City, town, or county) (State or foreign country)16. (a) Informant MRS. DOROTHY BAUM(b) Address 4111 WARWICK BLVD.17. (a) BURIAL (b) Date thereof JAN 22 1944
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation FOREST HILL CEMETERY18. (a) Signature of funeral director H. Newcomer, son(b) Address 1401 BRUSH CREEK BLVD.19. (a) Jan 22 1944 (b) J. E. Brown
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
 (c) City or town KANSAS CITY
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4111 WARWICK BLVD.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN, day 20TH
year 1944 hour 9 minute 00 P. M.21. I hereby certify that I attended the deceased from June
1943, to Jan 20 1944that I last saw her alive on January 17 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Heart exhaustion 3 mo
arterial sclerosisDue to arterial hypertension, unknown
Ever since I first saw her.Due to SenilityDied in her sleep.Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy 97

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Herbert Tutthill (M. D. _____)Address 1211 Rialto Bldg Date Jan 21 44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE CAPS

