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.

Do not use this space. 8585

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

FILED MAR 19 1945

1. PLACE OF DEATH
County Jackson — Registration District No. 149 — File No. 982
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. 1027 E 9th St. St. Ward)

2. FULL NAME Madiline Lillian Gakis
(a) Residence, No. 1027 E 9 St., Ward. ✓
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 33 yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: wht
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Gakis (53)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8 1903

7. AGE: YEARS 41 — MONTHS 7 — DAYS 23 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER
13. NAME — Chester
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME Fannie Vetter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Georg Gakis 1027 E 9

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Hill, KCKs DATE 3/2 1945

19. UNDERTAKER (ADDRESS) Kettleson 2627 Tracy Ave

20. FILED Nov 1 1945 E E Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 28 1945

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1944, to 2 - 28, 1945
I last saw her alive on 2 - 27, 1945. Death is said to have occurred on the date stated above, at 5:50 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Sarcomatosis	11-28-44
due to Periosteal Sarcoma	
of left tibia,	5-28-44
55b	

Other contributory causes of importance:
Pyogenic infection of primary Tumor

Name of operation Orain (incision) Date of Nov 28 44
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
(Signed) J E Sheldon, M. D.
(Address) 922 Walnut KC
W/O

F. S. Walton.
3030 Harrison
Licensed Embalmer
No. 2744