

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

Do not use this space.

36828

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Jackson Primary Registration District No. 1002  
 City Kansas City (No. R.C. General Hosp) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 4649  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Austin Alta  
 (a) Residence No. 1413 Tracy St. 2 Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 9 1888

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
39 | 10 | 28

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife <sup>231</sup>  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) mo

**10. NAME OF FATHER**

James Gibson

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) mo

**12. MAIDEN NAME OF MOTHER**

Mary Crisman

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) ? unknown

**14.**

INFORMANT Reverend Clerk  
 (Address) R.C. General Hosp.

**15.**

FILED 12.9.27 M. M. Crowe  
Asst REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-7 1927  
 17. \_\_\_\_\_

I HEREBY CERTIFY That I attended deceased from 10-8 1927 to 12-7 1927  
 that I last saw her alive on 12-7 1927 and that death occurred, on the date stated above, at 11:55 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

myocardial insufficiency and Pulmonary Tuberculosis

**CONTRIBUTORY (SECONDARY)**

Chronic Cholecystitis

**18. WHERE WAS DISEASE CONTRACTED**

(IF NOT AT PLACE OF BIRTH) \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) George C. Lee M. D.  
12-8, 1917 (Address) General Hosp. S. C. 240

\*State the DISEASE CAUSING DEATH, or in deaths from VOLUNTARY CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

Seeds 12-9 1927

**20. UNDERTAKER**

**ADDRESS**

W. W. Adams 916 East 13

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.

