

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

Do not use this space.

36983

1. PLACE OF DEATH

County Jackson
Township Row
City Kansas City (No. 3024)

Registration District No. 399
Primary Registration District No. 1002

File No. 4806
Registered No. 3 (Ward)

2. FULL NAME

William F. C. Gebhardt

(a) Residence. No. 3024 Baltimore St., 3 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 5 mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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

Lillie Kottmann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 12, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
41 9 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cashier of Bank
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Great Green
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER F. C. Gebhardt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Great Green
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Mary Zimmerman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Great Green
(STATE OR COUNTRY) Missouri

14. INFORMANT F. C. Gebhardt
(Address) Great Green, Mo.

15. FILED 12/20 27 M. M. Cooney
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 20 1927

17. I HEREBY CERTIFY, That I attended deceased from July 23, 1927, to Dec 20, 1927 that I last saw him alive on July 19, 1927 and that death occurred, on the date stated above, at 4:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of the face
5248 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) T. J. Burkley, M. D.
12/20, 1927 (Address) K. C. Mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Saulisbury Mo. DATE OF BURIAL 12/20 1927

20. UNDERTAKER The Freeman Mortuary 4234 Baltimore Ave.

