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

Do not use this space.

1. PLACE OF DEATH

County Jackson — Registration District No. 395 — File No. 23799

Township Kaw — Primary Registration District No. 2 — Registered No. 2925

City Kansas City (No. 2515 Forest St. Ward)

2. FULL NAME Alice Alida Gowland

(a) Residence. No. 2515 Forest St., 4 Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Gowland

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 12th 1850

7. AGE: Years 78 — Months 5 — Days 25 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Invalid
(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): New York.

PARENTS

10. NAME OF FATHER: Jacques La Ransienne
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): New York
12. MAIDEN NAME OF MOTHER: Minnie A. Mac Neal
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): New York

14. INFORMANT: Mrs Alice J. Siebert (Address) 2515 Forest Av

15. FILED 7-7, 1928 M M Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 7th 1928

17. I HEREBY CERTIFY, That I attended deceased from July 5, 1928, to July 7, 1928 that I last saw her alive on July 6, 1928 and that death occurred, on the date stated above, at 2 27 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cerebral Hemorrhage 82A

74A1

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY): Arterio sclerosis with cerebral hemorrhage about ten months ago (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) C. S. Newman, M. D

7/7, 1928 (Address) 1225 Rialto Bldg

*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: Philipsburg Pa — DATE OF BURIAL: 7-9- 1928

20. UNDERTAKER: FAIRWEATHER-WERNER MORTUARY — ADDRESS: 814 N. 7th St

WHITE PERINET, 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.