

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

Do not use this space.

40625

5030

1. PLACE OF DEATH

County Jackson Registration District No. 1002
 Township Kaw Primary Registration District No. _____
 City Kansas City Mo (No. 10 West 39th) St. _____ Ward _____

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME Dr. Laura A. Guilbert

(a) Residence. No. 10 West 39th St. 7 Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 6 1929

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. C. Guilbert

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1929, to Dec 6, 1929, that I last saw her alive on Dec 5, 1929, and that death occurred, on the date stated above, at 6:59 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 7 1873
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 1 29

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of uterus.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Physician
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

CONTRIBUTORY (SECONDARY) 46 (duration) 5 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

9. BIRTHPLACE (CITY OR TOWN) Ranklee Ills (STATE OR COUNTRY)
 10. NAME OF FATHER Samuel De mers
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Canada (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Miss Lamer
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ills (STATE OR COUNTRY)

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) J. L. Jones, M. D.
12/6 1929 (Address) 327 Alton ave
 *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.

14. INFORMANT Samuel C. Guilbert (Address) 10 West 39th street

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Chicago Ill DATE OF BURIAL Dec 8 1929

15. FILED 12/7 1929 M. M. Crowe REGISTRAR asst

20. UNDERTAKER John W. Wagner ADDRESS 140 Grand ave

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.

327 altman
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