

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.

P 6399.

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

22869 (Do not use this space.)

## 1. PLACE OF DEATH

County Jackson

Registration District No. \_\_\_\_\_

Township Okaw

Primary Registration District No. \_\_\_\_\_

City Kansas City No. 12 C General Hosp.

St. \_\_\_\_\_

Ward \_\_\_\_\_

File No. 2780

Registered No. \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. Jennie Gelliam Ward. 5

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

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

Dec. 13-88

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

4871

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Saleslady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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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)

Jenn

MOTHER FATHER

13. NAME

John Gelliam

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Jenn

15. MAIDEN NAME

Gelliam Matthews

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Jenn

17. INFORMANT (ADDRESS)

Reverend Clerk K.C. Genl Hosp. K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Forest HillDATE July 16, 1932

19. UNDERTAKER (ADDRESS)

Caylor Funeral Home

20. FILED

7/16, 1932M. M. Crowe  
Regist. Registrar.

## 2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

7-14 1932 Thursday

22. I HEREBY CERTIFY, That I attended deceased from

7-8 1932 to 7-14 1932I last saw her alive on 7-14 1932. Death is saidto have occurred on the date stated above, at 7:20 P.M.

The principal cause of death and related causes of importance were as follows:

Encephalomalacia with cystic degeneration of internal capsule and thalamus

Date of onset

Other contributory causes of importance

Name of operation

None

Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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. Williams, M. D.(Address) Supr. K.C. Genl Hosp. K.C. Mo.

