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

Do not use this space.

26502

1. PLACE OF DEATH
County JACKSON Registration District No. 399
Township KAW Primary Registration District No. 1002
City KANSAS CITY (No. 3337 PASEO - 1ST FLOOR St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME MRS MARY ALICE GIBBS

(a) Residence, No. 3337 PASEO St., ... Ward. .....
(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
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): DIVORCED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC-11-1886

7. AGE: YEARS 47 | MONTHS 6 | DAYS 5 | If LESS than 1 day, ...hrs. or .....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEKEEPER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
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) MISSOURI

FATHER

13. NAME BENTON GOSNEY
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY

MOTHER

15. MAIDEN NAME MARY ALICE STOUT
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

17. INFORMANT MR. HOMER GIBBS
(ADDRESS) 3337 PASEO BLVD.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MEMORIAL PARK DATE JUNE-19 1934

19. UNDERTAKER D. W. NEWCOMER'S SONS
(ADDRESS) 2111 EAST 9TH ST.

20. FILED 6-16 1934 [signature] Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE-16 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-1- 1931, to 6-16-34 1934

I last saw her alive on 6-10-34 1934. Death is said to have occurred on the date stated above, at 3:10 A.m.

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

	Date of onset
Carcinoma Cervix & Uterus	1-1-1907
48	

Other contributory causes of importance: G.I. Allergy

Name of operation Radium & X Ray Date of .....

What test confirmed diagnosis? Clinical & pathological Was there an autopsy? No

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) O. R. Wilhers, M. D.
(Address) 927 Argyle Bldg K.C. Mo