

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

Do not use this space.

36020

NOV 13 1934

1. PLACE OF DEATH

County Jackson Registration District No. 1711 File No. 4521
Township Bellevue Primary Registration District No. 1711 Registered No. 4521
City Kansas City (No. 1711) Bellevue St. 1711 Ward

2. FULL NAME

Gilberta Gay Parker
(a) Residence, No. 1711 Bellevue St. (If nonresident, give city or town and State)
(Usual place of abode)

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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 10 1934</u>		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day, <u>2</u> hrs. or <u>2</u> min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u>
	10. Date deceased last worked at this occupation (month and year).....
	11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Mo

13. NAME Thomas Parker

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

15. MAIDEN NAME Alethea Hughes

16. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Mo

17. INFORMANT Thomas Parker
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Maryland DATE 10-10-34

19. UNDERTAKER Carson
(ADDRESS)

20. FILED 10/10 34 M. M. Kerowe
Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 1934, to Oct 10 1934
I last saw her alive on Oct 10 1934 Death is said to have occurred on the date stated above, at 3 A m.
The principal cause of death and related causes of importance were as follows:

Premature
Atelectasis
15.9
1.6 1/2
Other contributory causes of importance:
10/10
Date of onset

Name of operation.....
What test confirmed diagnosis? Chemical 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) S. H. Fair M. D.
(Address) 404 1/2 W 75th St

WRITE PLAINLY, 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.

