

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.

APR 23 1936

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. 399  
 Township JACKSON Primary Registration District No. 1002  
 City Kansas City (No. Research Hospital St. 1576 Ward)

2. FULL NAME James Addison Gilbert  
 (a) Residence, 2406 Cypress St. Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

10990

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Sylvia May Gilbert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-1-1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>78</u>	<u>5</u>	<u>22</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R. P. yard Clerk Union Pacific

10. Date deceased last worked at this occupation (month and year) 1928 11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan County Ohio

FATHER

13. NAME Joel Gilbert

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

MOTHER

15. MAIDEN NAME Mary Mott

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

17. INFORMANT Mrs Floyd Shields  
(ADDRESS) 2406 Cypress

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Memorial park DATE Feb 24 1936

19. UNDERTAKER Wm Newcomers Sons  
(ADDRESS) Kansas City Mo

20. FILED 3-23-36 M. M. Crowe  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar-23-1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 27 1936 to Mar 23 1936  
 I last saw him alive on Feb 27 1936 Death is said to have occurred on the date stated above, at 12:30 A.  
 The principal cause of death and related causes of importance were as follows:  
Septic Sepsis Thrombosis Date of onset \_\_\_\_\_  
Pneumonia - Terminal  
82 B

Other contributory causes of importance:  
Diet - Meats (chicken) sent  
exacerbated

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Chained 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) W. B. ... M.  
 (Address) 4800 E. 24th St. K.C. Mo

4800 E-24+W.

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