FEB 25 1937

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

Do not use this space.
1757

1. PLACE OF DEATH

County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City — (No. Research Hosp. / St. ..... Ward)

File No. E 538
Registered No.

2. FULL NAME Miss Charity Gunther

(a) Residence, No. 25 W. 57th Terr. St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 14, 1909

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	27	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk K.C. 53
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Creamery
10. Date deceased last worked at this occupation (month and year) Dec. 1935
11. Total time (years) spent in this occupation 1 year

12. BIRTHPLACE (CITY OR TOWN) Soldier
(STATE OR COUNTRY) Kansas

FATHER

13. NAME James E. Gunther
14. BIRTHPLACE (CITY OR TOWN) Leavenworth
(STATE OR COUNTRY) Kansas

MOTHER

15. MAIDEN NAME Sarah Bell Capsey
16. BIRTHPLACE (CITY OR TOWN) Soldier
(STATE OR COUNTRY) Kansas

17. INFORMANT Sarah Bell Gunther
(ADDRESS) 25W.57th Terr.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Soldier Kansas DATE Jan. 31, 37

19. UNDERTAKER D.W. Newcomer's Sons
(ADDRESS)

20. FILED Jan 30, 37 M.M. Crowe asst
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28, 19 37

22. I HEREBY CERTIFY, That I attended deceased from 1/28, 1936, to 1/29, 1937
I last saw h... alive on 1/28, 1937. Death is said to have occurred on the date stated above, at 11:40 m. P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis of Sigmoid	Feb. '36
Cystectomy of	about
abdominal	4 mo

Other contributory causes of importance:

Name of operation Cystectomy Date of Jan 14, 37
What test confirmed diagnosis? X ray 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) Robert E. McPherson, M. D.
(Address) 1025 Professional Bldg.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS is very important.

Prof. Bldg.
11-3