

APR 8 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson  
Township Kaw  
City K. C. Mo.

Registration District No. 399  
Primary Registration District No. 1002  
(No. 4027 , Madison St. \_\_\_\_\_ Ward)

File No. 9611  
Registered No. 1328

2. FULL NAME Mrs. Gertrude L. Wofford

(a) Residence, No. 4027 Madison 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-27-1891

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
46 0 16

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

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) Lowell Mass

13. NAME John Conley

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

15. MAIDEN NAME Maria M. Dermott

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

17. INFORMANT (ADDRESS) Ayes - Blocher 310 Rialto Bldg

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE 3-16 1937

19. UNDERTAKER Wagner Funeral Home (ADDRESS) 204 W. Linwood

20. FILED March 1937 M. M. Browne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/13/37 19

22. I HEREBY CERTIFY that I attended deceased from \_\_\_\_\_ 19, to \_\_\_\_\_ 19, I last saw him \_\_\_\_\_ live on \_\_\_\_\_ 19, Death is said to have occurred on the date stated above, \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:  
Asphyxia by natural gas 164

Other contributory causes of importance: W

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Asphyxia Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in the following: Accident, suicide, or homicide \_\_\_\_\_ Date of injury \_\_\_\_\_

Where did injury occur? 4027 Madison (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Asphyxia by natural gas  
Nature of injury from gas gas

24. Was disease of injury \_\_\_\_\_ was related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) [Signature] \_\_\_\_\_, M. D.  
(Address) [Address]

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.

OCCUPATION  
MOTHER  
FATHER

