REC'D APR 23 1938

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

9906
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson
(b) Township 2
(c) City Kansas City
Registration District No. 399
Primary Registration District No. 1002
Registered No. 1371
(d) Street No. 517 Gladstone St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Graham Gill 400
(a) Residence, No. 517 Gladstone St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) WIFE OF William B. Gill
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 22-1855
7. AGE Years 82 Months 3 Days If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as 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) New Orleans La

FATHER
13. NAME William Forlop
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

MOTHER
15. MAIDEN NAME Katie Graham
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Longcane

17. INFORMANT (ADDRESS) A. Gill 517 Gladstone
18. BURIAL, CREMATION, OR REMOVAL PLACE St Mary's DATE 3/31 38, 19
19. FUNERAL DIRECTOR (ADDRESS) F. O'Donnell Co 3356 Broadway
20. FILED Mar 30, 1938 Dr. Crouch
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29, 1938
22. I HEREBY CERTIFY, That I attended deceased from Mch 10, 38 to Mch 29, 38
I last saw b. alive on Mch 29, 38. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis (Interstitial)	
Chronic	
	31

Other contributory causes of importance:
Myocarditis
Chronic

Name of operation no Date of
What test confirmed diagnosis? Clinical 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) Thomas Ryan, M. D.
(Address) 24 & Wirthman Mo
Kansas

(Licensed Embalmer's Statement on Reverse Side)

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.

I X12004

Dr T.A. Fynes
Southern Bldg

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)