

REC'D AUG 8 1938

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

Do not use this space.

24489
2994

1. PLACE OF DEATH

County Graham Registration District No. 399
Township Harvey Primary Registration District No. 1002
City Kansas City (No. 1812 E. 10th St.) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1812 E. 12th Ward. 125

(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 male 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWER, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24 - 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 4 0

OCCUPATION
8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labor
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) Pleasant Hill, Mo

FATHER
13. NAME Harvey Lynn

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

MOTHER
15. MAIDEN NAME Belle Daniel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence, Kansas

17. INFORMANT (ADDRESS) Grace Gipson

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill, Mo DATE July 29, 1938

19. UNDERTAKER (ADDRESS) Estling Brothers, K.C. Mo

20. FILED July 26, 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-24-38

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____. I last saw him live on _____, 19____. 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:

Stab wound, Chest & Head
174

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis Autopsy 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 7-24-38

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

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

Manner of injury Stab wound
Nature of injury Chest

24. Was disease or injury in any way related to occupation of deceased? 4
If so, specify _____

(Signed) Franklin J. Gess, M. D.
(Address) _____

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.

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