

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

2025  
Do not use this space.

REC'D FEB 21 1938

**1. PLACE OF DEATH**

(a) County Liberty Registration District No. 201  
 (b) Township Liberty Primary Registration District No. 5280 Registered No. 10  
 (c) City ..... (d) Street No. ....  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. ....  
 (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**

(a) Residence, No. 400 Meyer A Bell St.  (If nonresident, give city or town and State)  
Liberty R# 3 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Luther A. Bell  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov - 12 - 1862  
 7. AGE YEARS 76 MONTHS 2 DAYS 14 If LESS than 1 day, ..... hrs. or ..... min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife for self  
 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) 1 day Total time (years) spent in this occupation 55  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence Mo  
 FATHER 13. NAME Chas. A. Gilkey  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo  
 MOTHER 15. MAIDEN NAME Hadley  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo  
 17. INFORMANT (ADDRESS) Luther A. Bell  
Liberty Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Mo DATE June 28 1937  
 19. FUNERAL DIRECTOR (ADDRESS) Chas. D. Archer  
Liberty Mo  
 20. FILED 1/29 1938 E I Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26 - 1937  
 22. I HEREBY CERTIFY, That I attended deceased from ..... 1937, to Jan 26, 1939  
 I last saw her alive on Jan 26, 1939. Death is said to have occurred on the date stated above, at 1:15 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Coronary Thrombosis  
Coronary Artery Disease 1937  
 Other contributory causes of importance:  
94 B'  
 Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... 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? No  
 If so, specify .....  
 (Signed) Stewart Matthey M. D.  
Liberty Mo (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.

I X12004

RECEIVED  
District Health Officer No. 8  
District File Number  
Date Filed 8/23/39

**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.)**