

REC'D MAR 9 1939

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

5267

Do not use this space.

1. PLACE OF DEATH

(a) County JacksonRegistration District No. 399(b) Township KawPrimary Registration District No. 1607(c) City Kansas City(d) Street No. Rockhill ManorRegistered No. 486

(e) Length of residence in city or town where death occurred

(f) How long in U. S., if of foreign birth?

2. PRINT FULL NAME

Mrs. Amanda Larty Gillham(a) Residence, No. Rockhill ManorSt.

(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)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFRobert Gillham

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

September 6, 1858

7. AGE

YEARS

80

MONTHS

4

DAYS

28

If LESS than 1

day,hrs.

ormin.

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.9. Industry or business in which work
was done, as saw mill, bank, etc.At home10. 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)

Wisconsin

FATHER

13. NAME

Mathias Larty

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Switzerland

MOTHER

15. MAIDEN NAME

Ruth Pierce

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Wisconsin

17. INFORMANT

(ADDRESS)

Mrs. Charles Peabody
4328 McGee Street, Kansas City,

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Kansas City, Mo.

DATE

Feb. 6

1939

19. FUNERAL DIRECTOR (NAME)

(ADDRESS)

Stine & McClure
Kansas City, Missouri.

20. FILED

39 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

February 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from

Dec 20, 1938 to Feb 4, 1939I last saw her alive on Feb. 3, 1939. Death is saidto have occurred on the date stated above, at 8:45A.M.

The principal cause of death and related causes of importance were as follows:

ApoplexyDate of onset
Dec 30, 38

Other contributory causes of importance:

Name of operation none

Date of

What test confirmed diagnosis? none 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) Chas. Jackson(Address) 1216 Prof. Bldg, M. D.

Proof
U 3 2 11 9

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.