

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

17489
 Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 515 Norton Avenue Registered No. 1891
 (e) Length of residence in city or town where death occurred 26 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Percy J. Gilpin
 (a) Residence, No. 515 Norton St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Frances M. Gilpin		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10, 1868		
7. AGE	YEARS	MONTHS
	70	10
		DAYS
		24
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cashier	
	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	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois	
	13. NAME John Gilpin	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown	
	15. MAIDEN NAME Lucy Stewart	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown	
	17. INFORMANT Mrs. Frances M. Gilpin (ADDRESS) 515 Norton	
	18. BURIAL, CREMATION, OR REMOVAL PLACE Quindaro Cemetery May 6, 1939	
	19. FUNERAL DIRECTOR Freeman Mortuary (ADDRESS) 104 W. 42nd St., K.C., Mo.	
	20. FILED May 5, 1939 M. M. Brown Local Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 4, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 13, 1936** to **May 4, 1939**
 I last saw him alive on **May 4, 1939** Death is said to have occurred on the date stated above, at **9:30 P.M.**
 The principal cause of death and related causes of importance were as follows:
Chronic Cirrhosis of Liver Date of onset **10-13-36**
12410
 Other contributory causes of importance:
Chronic Interstitial Nephritis **10-13-36**

Name of operation **no** Date of **no**
 What test confirmed diagnosis **stained** 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 **Chronic Nephritis** M. D.
 (Signed) **Chas. Nelson**
 (Address) **3626 Independence**

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.

RECORD RESERVED FOR BIRMINGHAM

V. S. 50-2. 50M-7-26-37

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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.)

36
1-5
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