

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

Do not use this space.

21385

2511

**1. PLACE OF DEATH**

County Jackson  
Township Leaw  
City Kansas City (No. 1116 East Armour St. \_\_\_\_\_ Ward)

399

Registration District No. \_\_\_\_\_  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME** Mrs. Maria Jane Van Guilder

(a) Residence. No. 1116 East Armour 13 Ward. \_\_\_\_\_  
(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 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 Edwin Van Guilder

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-12-1843

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
85 | 8 | 19

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work at home  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Henry Macey

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) England

12. MAIDEN NAME OF MOTHER Janet E. Gilla

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) England

14. INFORMANT E. Macey Van Guilder  
(Address) 1116 East Armour

15. FILED 6/3, 1929 M. M. Crowe  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-1 1929

17. I HEREBY CERTIFY, That I attended deceased from 6 1929, to 6-1 1929, that I last saw h. w. alive on 6-1-29, and that death occurred, on the date stated above, at 4:35 P.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

General Hemorrhage  
89.1

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH...  
8 DID AN OPERATION PRECEDE DEATH? DATE of \_\_\_\_\_

WAS THERE AN AUTOPSY?  
WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) J. B. Conover, M. D.  
6/3, 1929 (Address) Orange Berg

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill Cemetery DATE OF BURIAL 6/3 1929

20. UNDERTAKER Stine & McClure 4, C. ADDRESS KC, Mo.

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.

882

Family

1870