

PLACE OF DEATH

STATE OF KANSAS. 92 788

County Smith

STATE BOARD OF HEALTH—DIVISION OF VITAL STATISTICS.

Township One

STANDARD CERTIFICATE OF DEATH.

City Smith Center No. _____ street _____

Registered ward. No. 37

Full Name Vina A. Gilmore

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS.

MEDICAL CERTIFICATE OF DEATH.

Sex Female Color or Race White Single, Married, Widowed, or Divorced. Widow

Date of Death Oct 27 1917

Date of Birth 3 27 1878

I HEREBY CERTIFY, That I attended deceased from Sept 1917, to Sept 1917

Age 74 yrs 6 mos 29 ds. If LESS than 1 day, _____ hrs. or _____ min.

that I last saw her alive on Sept 1917 and that death occurred on the date stated above, at _____ M.

Occupation None

The CAUSE OF DEATH* was as follows: Pneumonia

Birthplace New York

(Duration) _____ yrs. _____ mos. _____ ds.

Name of Father "

Contributory (Secondary) (Duration) _____ yrs. _____ mos. _____ ds.

Birthplace of Father "

(Signed) A. M. M... M. D. 1917 (Address) Smith Center

Maiden name of Mother "

* State the Disease Causing Death, or in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal

Birthplace of Mother "

Length of Residence (for hospitals, institutions, transients, or recent residents).

The above is true to the best of my knowledge. (Informant) G. E. Bucklin

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

(Address) Smith Center

Where was disease contracted, if not at place of death? Former or usual residence _____

Filed 10/28/17 1917 H. W. M... Registrar

Place of Burial or Removal Fair View Date of Burial Oct 27 1917

Undertaker Wilson Hugh & Smith Address _____