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

Do not use this space.

24334

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 3120

City Kansas City (No. K.C. General Hosp. St. Ward)

2. FULL NAME Gall, Herman

(a) Residence. No. 222½ Indep. Ave. Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 4, 1885

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
41		10	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Huckster
(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) Ohio

PARENTS

10. NAME OF FATHER Otto Gall

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

12. MAIDEN NAME OF MOTHER Victoria Mintz

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

14. INFORMANT Record Clerk
(Address) K.C. Gen'l Hosp.

15. FILED 8/10, 1927 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-7 1927

17. I HEREBY CERTIFY, That I attended deceased from 7-30, 1927, to 8-7, 1927, that I last saw him alive on 8-7, 1927, and that death occurred, on the date stated above, at 10:25 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Abscess of Lung
461
25
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Tuberculosis of Lung
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

8-8 (Signed) George C. Lee, M.D.
8-8, 1927 (Address) Asst Supt K.C. Gen. Hosp.

*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	DATE OF BURIAL
Elmwood Cem	Aug 11 1927
20. UNDERTAKER	ADDRESS
A. P. Doehler	1415 E 15

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.