OV 22 1928

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

Do not use this space.

34007

1. PLACE OF DEATH
County Jefferson — Registration District No. 420 — File No.
Township Blackburn — Primary Registration District No. 5574 — Registered No. 890
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Joseph Ganninger
(a) Residence. No. 6 Miles East of DeSoto St., ... 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar. 19 - 1847

7. AGE: 81 Years — Months: 6 — Days: 21 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Baden
(STATE OR COUNTRY): Germany

PARENTS
10. NAME OF FATHER: Not Known
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Not Known
12. MAIDEN NAME OF MOTHER: Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Not Known

14. INFORMANT: Albert Ganninger
(Address): DeSoto Mo

15. FILED 10/13, 1928 — D. L. Kanyzly, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 10 1928

17. I HEREBY CERTIFY, That I attended deceased from January, 1928, to October 10, 1928, that I last saw him alive on Aug 19, 1928, and that death occurred, on the date stated above, at 10 25 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Atrophic Cirrhosis of Liver

12 2 31

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Place of death
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None.

(Signed) W. H. Farrar, M. D
10/12, 1928 (Address) DeSoto Mo.

*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: Calvary Cemetery — DATE OF BURIAL: Oct 13 1928

20. UNDERTAKER: R. Coxwell & Son — ADDRESS: DeSoto Mo

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.