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.

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

Do not use this space. 6817

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 983
Township Kaw — Primary Registration District No. 1002 — Registered No. 5
City Kansas City (N 2634 Campbell St. Ward)

2. FULL NAME Frank A. Gangel
(a) Residence. No. 2634 Campbell St., 4 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: Dorothea Gangel

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 13 1864

7. AGE: Years 64 — Months 10 — Days 15 — If LESS than 1 day, ... hrs. or ... min.

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

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9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria

3

PARENTS

10. NAME OF FATHER: Joseph Gangel

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

3

12. MAIDEN NAME OF MOTHER: Barbara Janitsch

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

3

14. INFORMANT: Mrs. P. J. O'Connell
(Address) 4178 Canbridge

15. FILED 2/28, 1929 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): 2/28 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar 10, 1928, to Feb 28, 1929 that I last saw him alive on 2/28, 1929 and that death occurred, on the date stated above, at 11 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Carcinoma of Spheroidal and Ethmoidal sinus
52
53D
77A
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Purulent Meningitis not epidemic
(duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? no DATE OF ✓
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Pathological report
(Signed) P. J. O'Connell, M. D
2/28, 1929 (Address) 4178 Cambridge K.C.Ks.

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*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: St. Marys Cem. — DATE OF BURIAL: Mar. 2 1929

20. UNDERTAKER: H. W. Gates — ADDRESS: K.C.K.