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

Do not use this space.

14192

MAY 24 1929

1. PLACE OF DEATH
County of Clay
Township ~~Fishing River~~
City Excelsior Springs, Mo. (No. ..... St. ..... Ward)

Registration District No. 198
Primary Registration District No. 3011

File No. ..... Registered No. 52

2. FULL NAME Simon S. Ganger
(a) Residence. No. U.S.V.Hospital, Excelsior Springs, Mo. Ward. Topeka, Kansas.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 2 mos. 8 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	Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
48	48			

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) (STATE OR COUNTRY) Carbondale, Kansas.

PARENTS
10. NAME OF FATHER Jonathan Ganger
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania
12. MAIDEN NAME OF MOTHER Doris Hayes
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

14. INFORMANT deceased
(Address)

15. FILED 4/24, 1929 H. D. Craven REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 23, 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1928 to April 23, 1929 that I last saw him alive on April 23, 1929, and that death occurred, on the date stated above, at 5:20 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Septicemia
3 weeks (duration) ....yrs. ....mos. ....ds.
CONTRIBUTORY (SECONDARY) Facial erysipelas
2 weeks. (duration) ....yrs. ....mos. ....ds.
Myocarditis, chr. - duration unknown.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at place of death.
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical findings.
(Signed) H. D. Luse, Med. Off. in Chg., M. D.
4/24/29 (Address) U.S.V.Hosp.Ex.Springs, 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	DATE OF BURIAL
National Military Home Leavenworth, Kansas	Apr 25, 1929
20. UNDERTAKER	ADDRESS
John C. Prather,	Excelsior Springs, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD