MAR 25 1930

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

Do not use this space.

4695

File No. 1788

Registered No. 188

1. PLACE OF DEATH

County Greene — Registration District No. 318

Township Springfield — Primary Registration District No. 2001

City (No. 1330 N. Clay St. Ward)

2. FULL NAME Brandt W. Gaffga

(a) Residence. No. 1330 N. Clay 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.

39 3 5

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 Edith L. Gaffga

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 18-1881

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
49	0	5	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Switchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

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9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

2

PARENTS

10. NAME OF FATHER Jacob Gaffga

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

12. MAIDEN NAME OF MOTHER Fannie McQuiston

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

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14. INFORMANT Mrs. Edith L. Gaffga
(Address) Springfield Mo.

15. FILED 2-25, 1930 Lon Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-23 1930

17. I HEREBY CERTIFY, That I attended deceased from June, 1927, to 2-23, 1930 that I last saw him alive on 2-21, 1930 and that death occurred, on the date stated above, at 4 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage

82A

11B (duration) instant yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Influenza (duration) yrs. mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Yes

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical

(Signed) W. T. Walsh, M.D

2/24, 1930 (Address) Springfield 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 Maple Park

DATE OF BURIAL 2-25-1930

20. UNDERTAKER 424 E. Commercial St. J. W. Klingner & Co. Springfield Mo.

ADDRESS

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.

85

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