

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

Do not use this space.

**34380**

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township New Primary Registration District No. 399  
 City Kansas City (No. 3938, Wabash 002) St. 13 Ward

File No. 4094  
 Registered No. 4094 St. 13 Ward

**2. FULL NAME**

George B. Gallon  
 (a) Residence, No. 3938 Wabash St. 13 Ward.  
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Mrs. Ellen Gallon</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 28, 1859</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>7</u>
	DAYS <u>8</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>Retired 7 years</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>General management</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

FATHER 13. NAME John Gallon

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER 15. MAIDEN NAME Unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Mrs. Ellen Gallon  
3938 Wabash Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lopezka Kans. DATE Oct. 9, 1931

19. UNDERTAKER (ADDRESS) W. H. Newcomer's Sons  
Kansas City, Missouri

20. FILED 10/11 1931 M. M. Crowe Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 6, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1931 to Oct 6, 1931

I last saw him alive on Oct 5, 1931 Death is said

to have occurred on the date stated above, at 11:05 P.M.

The principal cause of death and related causes of importance were as follows:

116  
Magna Pectoris  
 Other contributory causes of importance:  
Carcinoma of Stomach

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide Date of injury 1931

Where and injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury suicide

Nature of injury suicide

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James T. Ferguson M. D.

(Address) 101 W. 12th St. Kansas City

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

204 West side Bank Bldg.

11:30-12; 1:30-6:30