

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

Do not use this space.

35022

1. PLACE OF DEATH

17 County Carsell Registration District No. 136

3 Township

Primary Registration District No. 30104 City Carsellton (No. 220) East 3rd St. 1st Ward

File No. _____

Registered No. 97St. 1st Ward2. FULL NAME Dora Lee Gale(a) Residence, No. 220-E-32 St. 1st 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 ♀ 4. COLOR OR RACE N 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-29-18827. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin. 50 2 218. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Carsell Co Mo. 113. NAME John Frizzell14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linton Co Mo.15. MAIDEN NAME Martha Sharp16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co Mo.17. INFORMANT (ADDRESS) J. W. Frizzell no18. BURIAL, CREMATION, OR REMOVAL PLACE Cathedral DATE 11-22-193219. UNDERTAKER (ADDRESS) Wells Funeral Home no20. FILED 11-21-1932 ma. E. E. Farnham Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-20, 193222. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1932 to Nov. 20, 1932I last saw her alive on Nov. 20, 1932. Death is said to have occurred on the date stated above, at 1:40 p. m.

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

Heart failure Date of onset Nov. 17(mitral insufficiency)92 AOther contributory causes of importance: 92 A

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____

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

Specify whether injury occurred in industry, in home, or in public place. 1

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) R. Hamilton Gator D. Carsellton, Mo.

