

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.

JAN 24 1932

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

Do not use this space.

7

39515

1. PLACE OF DEATH
48 County Jackson Registration District No. 398
5. Township Blue Primary Registration District No. 398A
8 City Independence Blue Springs Road Sanitarium St. _____ (Ward)
2. FULL NAME Carl William Gang
(a) Residence, No. Blue Springs Road (Rt. 7, D.) 3 Box 608 (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16 - 1886

7. AGE YEARS 46 MONTHS 11 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

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) Kansas City, Missouri

MOTHER / FATHER

13. NAME John Gang

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burlington, Iowa

15. MAIDEN NAME Ellie Schwallier

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burlington, Iowa

17. INFORMANT John Gang (ADDRESS) Blue Springs Road, Indep. Mo

18. BURIAL, CREMATION, OR REMOVAL Wash. Cem. DATE Jan 3 rd. 1932

19. UNDERTAKER (ADDRESS) W. Mitchell, Independence, Mo

20. FILED Jan. 9, 1932 Dr. F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/31, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1932 to Dec 31, 1932
I last saw him live on Dec 30, 1932 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
666 Pulmonary
1118 Edema
666 Myxedema
Other contributory causes of importance: _____

Name of operation _____ 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 _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Dr. F. L. Cook M. D.
(Address) Independence, Mo

