

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.

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

Do not use this space.

1. PLACE OF DEATH

112 County Webster  
Township Hazlewood  
City (No.         )

Registration District No. 897  
Primary Registration District No. 6102

22174  
File No.           
Registered No. 14  
St.          Ward         

2. FULL NAME

(a) Residence, No.          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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21 - 1878

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
55 18

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.  
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) Webster Co. Mo.

FATHER  
13. NAME John W. Gandell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER  
15. MAIDEN NAME Jacobi Spawer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) John K. Kummer

18. BURIAL, CREMATION, OR REMOVAL PLACE Newtown DATE 6-10-33

19. UNDERTAKER (ADDRESS) L. A. Watson

20. FILED 6/10 1933 L. A. Watson Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1st 1933, to         , 19        .  
I last saw him alive on June 1st 1933. Death is said to have occurred on the date stated above, at 7:30 P.M.

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

Chronic Myocarditis with mitral stenosis Date of onset 927  
928  
1118  
Other contributory causes of importance: Submassy edema of left lung

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? No  
If so, specify         

(Signed) Paul O. Upshaw, M.D. M. D.  
(Address) Medical Arts Bldg. Springfield, Mo.

