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.

SEP 26 1933

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

Do not use this space.

27392

1. PLACE OF DEATH

County Randolph — Registration District No. 735 — File No.

Township Sugar Creek — Primary Registration District No. 3034 — Registered No. 166

City Moberly — (No. 501½ W Reed St. 4 Ward)

2. FULL NAME FRANK GANZ

(a) Residence, No. 501½ W Reed St., 4 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 28 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 8th 1869

7. AGE: YEARS 64 — MONTHS 1 — DAYS 10 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: proprietor of soft drink parlor
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): Iowa

FATHER

13. NAME: Andrew Ganz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Mary Hartman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs. C. Leslie, Moberly, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Moberly, Mo DATE Aug 20th 1933

19. UNDERTAKER (ADDRESS): Mahan and Son, Moberly, Mo

20. FILED 8/19 1933 Thos S. Fleming Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1933, to Aug. 18, 1933
I last saw him alive on Aug. 18, 1933 Death is said to have occurred on the date stated above, at 2:40 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1 mo
131	
93 131	
Other contributory causes of importance: Chronic Interstitial Nephritis	?

Name of operation: None — Date of
What test confirmed diagnosis? Clinical — 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, 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) L. E. Huber, M. D.
(Address) Moberly, Mo