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.

NOV 10 1933

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

Do not use this space.

35427

1. PLACE OF DEATH

107 County Texas — Registration District No. 866 — File No. 5

Township Current — Primary Registration District No. 6146 — Registered No. 5

City ..... (No. ..... St. ..... Ward)

2. FULL NAME John Jacob Gale

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

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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15, 1859

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
74	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

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) all of life

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington County, Missouri

FATHER

13. NAME Johnnie Gale

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

MOTHER

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Eddie Gale Hartshorn Mo.

18. BURIAL, CREMATION, OR REMOVAL Antioch Cemetery - Hartshorn, Mo. DATE 10-24- 1933

19. UNDERTAKER (ADDRESS) John Bailey Eunice Mo

20. FILED 10-31 1933 Mrs W. R. McKee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from September 15, 1933, to October 23, 1933

I last saw him alive on October 4, 1933, Death is said to have occurred on the date stated above, at 5:15 A.m.

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

Chronic myocarditis

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Date of onset

Other contributory causes of importance: Chronic nephritis

Name of operation — Date of —

What test confirmed diagnosis? Physical findings 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) J C B Davis, M. D.

(Address) Willow Springs, Mo