

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

Do not use this space.

1. PLACE OF DEATH

County Madison
Township St. Francis
City (No.)

Registration District No. 538
Primary Registration District No. 5724

File No. 17410
Registered No. 41
St. Ward)

2. FULL NAME

John M. Gale

(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 79 yrs. 2 mos. 20 ds. How long in U. S., if of foreign birth? 79 yrs. 2 mos. 20 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Virginia E. Graham</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 8 - 1855</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>2</u>	DAYS <u>20</u>
		If LESS than 1 day, ... hrs. or ... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farming</u>
	10. Date deceased last worked at this occupation (month and year) <input checked="" type="checkbox"/> 11. Total time (years) spent in this occupation <input checked="" type="checkbox"/>

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

MOTHER FATHER 13. NAME L. H. Gale

14. BIRTHPLACE (CITY OR TOWN) Batch Town, Ill.
(STATE OR COUNTRY)

MOTHER FATHER 15. MAIDEN NAME Sarah A. Maddox

16. BIRTHPLACE (CITY OR TOWN) Antioch, Missouri
(STATE OR COUNTRY)

17. INFORMANT Dr. W. Gale
(ADDRESS) Marion, Mo

18. BURIAL, CREMATION, OR REMOVAL no
PLACE Independence DATE May 29, 1934

19. UNDERTAKER L. H. Webb
(ADDRESS) Independence, Mo

20. FILED May 28, 1934 B. C. S. Langhorne
Registrar.

Ray C. A. Schwane

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28th 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1st, 1934, to May 28, 1934
I last saw h. (M) alive on May 24, 1934. Death is said to have occurred on the date stated above, at 5:50 AM
The principal cause of death and related causes of importance were as follows:

Uremic Poison
Bright's Disease
Other contributory causes of importance:

Name of operation none Date of no
What test confirmed diagnosis uriclysis 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? no
(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

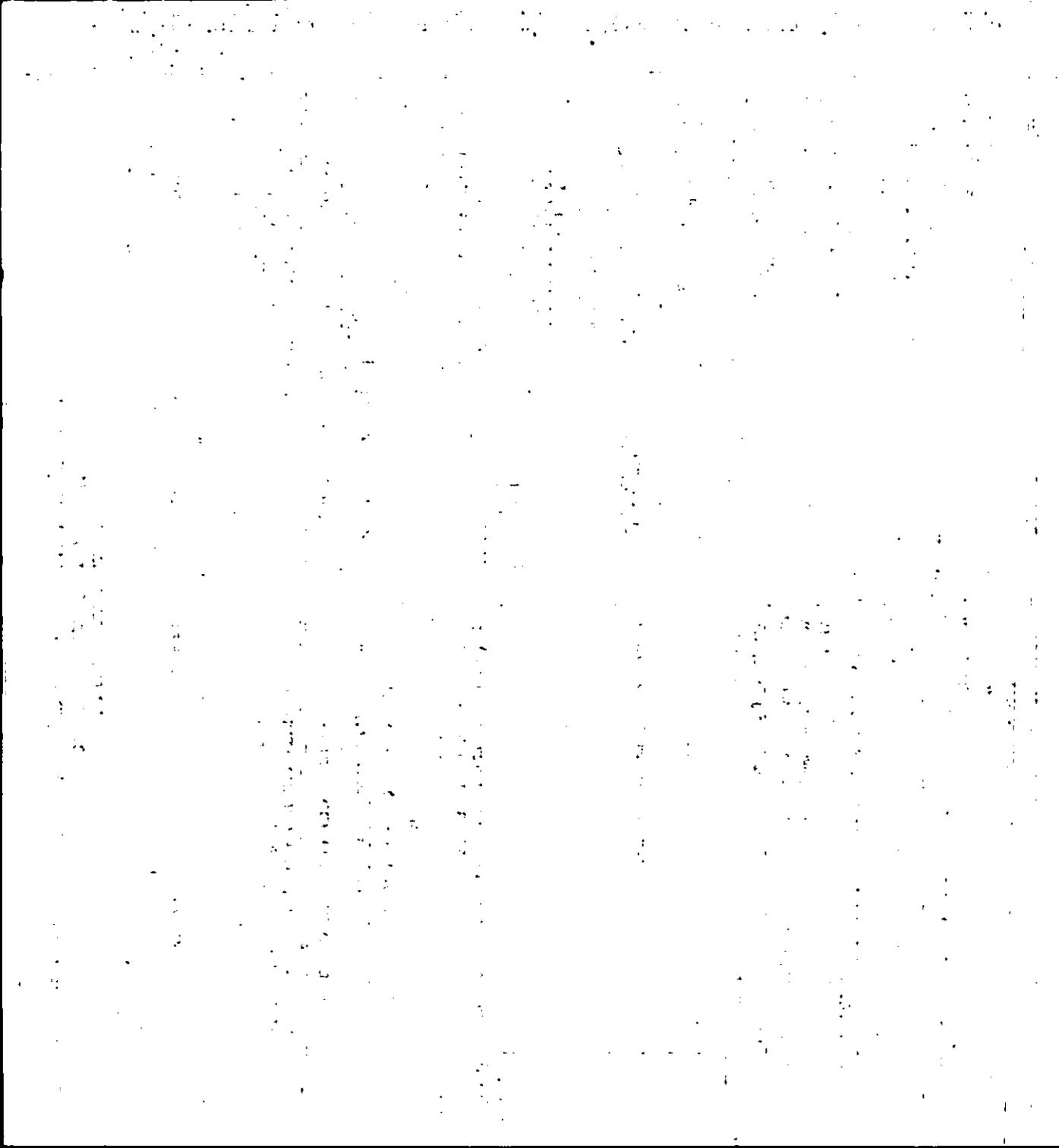
24. Was disease or injury in any way related to occupation of deceased?,
If so, specify,
(Signed) W. Harry Boston, M. D.
(Address) Fredricstown

W. H. Boston

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.

JUN 23 1934

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#2 *Madison*

DEPARTMENT OF COMMERCE

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

BUREAU OF THE CENSUS *17410*

WASHINGTON

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: *John W Gale*

Who died at _____ on *May - 28 - 1934*

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex *M* Color or race *W* Single, married, widowed or divorced: _____

Date of birth _____ Age: Years *79* Months *2* Days *20*

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: *Chronic Uremic Poisoning* *131*

Other contributory causes of importance *Bright's Disease*

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician *Henry Brown m d Fredericktown Mo*

Signature of Registrar *S. C. S. [Signature]*

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. *538*

Primary Reg. Dist. No. *5724*

Very truly yours,

E. T. McGaugh, M.D.

Special Agent.

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S-17410