

FEB 20 1935

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau Mo Registration District No. 125-
Township _____ Primary Registration District No. 3009
City Cape Girardeau Mo No. Southeast Mo. Hospital St. _____ Ward _____

File No. 408
Registered No. 1

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Oran Mo. R #2
(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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 5 1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 11 27

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

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) Scott Co.

13. NAME Phillip Gangel

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

15. MAIDEN NAME not known

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

17. INFORMANT (ADDRESS) Joseph Gangel

18. BURIAL, CREMATION, OR REMOVAL PLACE Oran, Mo. DATE Jan 3 1935

19. UNDERTAKER (ADDRESS) Hainner Ltd Co

20. FILE NO. Jan 2 1935 - J. M. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1 1935

22. I HEREBY CERTIFY That I attended deceased from Dec. 30 1934, to Jan 1 1935

I last saw him alive on Jan 1 1935. Death is said to have occurred on the date stated above, at 7:35 A.M.

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

Aspiration Pneumonia Date of onset Dec. 31

Other contributory causes of importance:

Obstruction of bowels (Cholera peritonitis, pericardial)

Name of operation Laparotomy Date of Dec 30/34
What test confirmed diagnosis? Op. 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? If so, specify _____
(Signed) Carl W. Zimmermann, M. D.

(Address) Cape Girardeau

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.

