APR 8 1936

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

Do not use this space.
11136

1. PLACE OF DEATH
County: Jackson
Registration District No.: 404
File No.:
Township: Washington
Primary Registration District No.: 5558
Registered No.: 27
City: Kansas City, Mo. (No.: 8120 Wyoming St. Ward)

2. FULL NAME Cora Alice Gales

(a) Residence, No. 8120 Wyoming 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 24, 1858

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
77	9	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
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): Illinois

FATHER
13. NAME: Henry Gable
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

MOTHER
15. MAIDEN NAME: Harriett L. Wellever
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

17. INFORMANT (ADDRESS): Edna Gales 8120 Wyoming

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Forest Hill DATE: Mar. 19, 1936

19. UNDERTAKER (ADDRESS): R. V. Lindsey & Sons 3811 Broadway

20. FILED: Mar. 19, 1936 Fred R. Lynch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1914, to March 17, 1936
I last saw him alive on March 17, 1936. 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:

	Date of onset
Cerebral Hemorrhage of Basilar artery	March 14 1936

Other contributory causes of importance:
Sclerosis of arteries and a right hemorrhage a year ago.

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external cause (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) E. A. Berlinger, M. D.
(Address) 715-19 Argyle Bldg.

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.

Dr. E. H. Zeilinger
argyle Old
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