

JUN 17 1936

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township
City St. Joseph

Registration District No. 85
Primary Registration District No. 1001
(No. 1501 North 11th.)

File No. 18639
Registered No. 726
St. _____ Ward _____

2. FULL NAME John Henry Gahagen

(a) Residence, No. 1501 North 11th. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Nellie Marie Gahagen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24, 1863.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 10 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Fireman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chicago Great-Western Railroad.
10. Date deceased last worked at this occupation (month and year) 1932. 11. Total time (years) spent in this occupation 17 Yrs.

12. BIRTHPLACE (CITY OR TOWN) Xenia (STATE OR COUNTRY) Ohio.

13. NAME John H. Gahagen

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

15. MAIDEN NAME Mary Ann Crosswhite

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Ireland

17. INFORMANT Mrs. Nellie M. Gahagen (ADDRESS) 1501 No. 11th. Str. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemetery PLACE St. Joseph, Mo. DATE May 25, 1936

19. UNDERTAKER H. O. Sidenfaden (ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED May 22, 1936 H. J. Westlund Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21, 1936. 1936

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1933, to May 21, 1936
I last saw him alive on May 21, 1936. Death is said to have occurred on the date stated above, 11:20 P.M.

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

Coronary Thrombosis

Date of onset

3 hours

Sunday

Other contributory causes of importance:

Angina Pectoris
Arteriosclerosis General
Hypertension

1933

Unknown

Unknown

Name of operation None Date of _____

What test confirmed diagnosis? Cholesterol 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) Clarence A. Gaid, M. D.

(Address) St. Joseph, Mo.

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.

