

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

Do not use this space.

38842

DEC 4 1936

1. PLACE OF DEATH

County St. Francois
 Township St. Francois
 Near Frankington, Mo. (No. _____)

Registration District No. 773
 Primary Registration District No. 6018A

File No. _____
 Registered No. 174 St. _____ Ward

2. FULL NAME

Frank Gangloff
 (a) Residence, No. Laxville, Mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) not known

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	70	?	?	

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. Farmer
 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) Laxville
 (STATE OR COUNTRY) Missouri

13. NAME Jake Gangloff

14. BIRTHPLACE (CITY OR TOWN) not known
 (STATE OR COUNTRY)

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) not known
 (STATE OR COUNTRY)

17. INFORMANT Hospital Records
 (ADDRESS) Farrington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Maxville Mo DATE Oct. 5 - 1936

19. UNDERTAKER Theiligtag Kemerer Mo
 (ADDRESS)

20. FILED Oct 2 1936 J. J. Robinson
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-8, 1936 to Oct 1, 1936
 I last saw him alive on Oct 1, 1936 Death is said to have occurred on the date stated above, at 11:30 p.m.

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

Cerebral Hemorrhage (Apoplexy) Date of onset _____

Other contributory causes of importance:
Generalized Arterio Sclerosis and previous Cerebral Hemorrhage

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chemi Was there an autopsy? _____

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) P. S. Tate, M. D.
 (Address) Hosp. #4 Farrington 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.

