JUL 27 1937

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

Do not use this space.

23473

File No. 83

Registered No.

1. PLACE OF DEATH

County Clay — Registration District No. 198

Township Fishing River — Primary Registration District No. 40111

City Excelsior Springs, Mo. No. Vet. Adm. Facility St. 3rd Ward)

2. FULL NAME GALLE, Fred

(a) Residence, No. Vet. Adm. Fac., Excelsior Springs, Mo. Ward. Kansas City, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. 23 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) Sept. 23, 1887

7. AGE: Years 49 — Months 8 — Days 27 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jersey City, New Jersey

FATHER

13. NAME Joseph Galle

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

MOTHER

15. MAIDEN NAME Pauline (maiden name unknown

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

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Soldier's Home Cemetery Leadsworth, Kansas DATE June 22, 1937

19. UNDERTAKER (ADDRESS) John C. Prather Excelsior Springs, Missouri

20. FILED June 22, 1937 Lonnie McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 19 37

22. I HEREBY CERTIFY, That I attended deceased from October 27, 1936, 19..., to June 19, 1937, 19...

I last saw him alive on June 19, 19 37 Death is said to have occurred on the date stated above, at 12:01 a.m.

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

	Date of onset
Pulmonary tuberculosis far advanced severe	

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis Exam. & Obs. 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) A. N. J. Dolan A. N. J. DOLAN, M.D. Act. Clin. Dir. M.D.

(Address) Veterans Administration Facility Excelsior Springs, Missouri

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.

WRITE PLAINLY WITH PEN AND INK. DO NOT FOLD. KEEP FLAT. USE BLACK INK. DO NOT WRITE OUTSIDE THE LINES. DO NOT ERASE. KEEP RECORD CLEAN.

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