

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

Do not use this space.

AUG 27 1937

27953

1. PLACE OF DEATH

County Madawasky Registration District No. 625
 Township Beth Primary Registration District No. 3021
 City Maryville Mo (No. St. Francis Hospital) St. _____ Ward _____

File No. _____
 Registered No. 73

2. FULL NAME

Caroline Mary Gankel

(a) Residence, No. _____ 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 Female 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 John H. Gankel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 21 1864

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, then hrs. or min.
72 72 50 25

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

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) St. Joseph Hill
Illinois

13. NAME Herman Schalk

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

15. MAIDEN NAME Catherine Jenker

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

17. INFORMANT (ADDRESS) Clarence Gankel
Maryville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE St. Marys Maryville July 18 1937

19. UNDERTAKER (ADDRESS) Campbell Funeral Home
Maryville Mo

20. FILED 7-19 1937 Mamie E. Clardy
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-16 1937

22. I HEREBY CERTIFY, That I attended deceased from June 20 1937 to July 16 1937.
 I first saw him alive on July 15 1937 Death is said to have occurred on the date stated above, at _____ m.

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

Carcinoma of Colon
Endocarditis
Myocarditis

Other contributory causes of importance: 4/0
Serum therapy

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) B. S. Beyler M. D.
 (Address) Washington 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.

