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.

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

Do not use this space.

1735

File No. 423

Registered No.

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City (No. St. Mary's Hospital St. Ward)

2. FULL NAME Dora Ann Gangel
(a) Residence, No. 2634 Campbell St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 53 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank A. Gangel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 14, 1867

7. AGE: Years 70 — Months 3 — Days 11 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Wea (STATE OR COUNTRY) Kansas

FATHER
13. NAME Jacob Schwartz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME No record Anna Schulo France
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT Mrs. P. J. O'Connell
(ADDRESS) 4178 Cambridge

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. St. Mary's DATE Jan. 27, 1938

19. UNDERTAKER Gates Funeral Home
(ADDRESS) Kansas City, Kansas

20. FILED Jan 26, 1938 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1938, to Jan 25, 1938
I last saw her alive on Jan 10, 1938. Death is said to have occurred on the date stated above, at 1 00 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerular nephritis	10 yrs.
Uremia	3 days
Other contributory causes of importance: Suppurative parotitis	6 days

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? Yes

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) P. J. O'Connell, M. D.
(Address) 923 Medical Arts Bldg. K. C. Mo.

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