

REC'D MAY 18 1938

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

Do not use this space.

1. PLACE OF DEATH

County Cape
Township Cape
City Cape Gir., Mo. (No.)

Registration District No. 125
Primary Registration District No. 3009

File No. 14232
Registered No. 106
St. Ward

2. FULL NAME

Frank Gangle

(a) Residence, No. 807 So. Ellis St. St., Ward. 524
(Usual place of abode)

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. (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 Eurila Westrick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 10, 1859

7. AGE YEARS 78 MONTHS 7 DAYS 24 If LESS than 1 day, hrs. or min.

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

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) 1922 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) New Hamburg 0
(STATE OR COUNTRY) Missouri 0

13. NAME John Gangle

14. BIRTHPLACE (CITY OR TOWN) New Hamburg, 0
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Eurila Westrick 0

16. BIRTHPLACE (CITY OR TOWN) New Hamburg,
(STATE OR COUNTRY) Missouri

17. INFORMANT Jess Gangle
(ADDRESS) Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairmont Cem. DATE Apr. 6, 1938

19. UNDERTAKER Haman's Funeral Home
(ADDRESS) Cape Girardeau, Mo.

20. FILED 4-4 1838 J. M. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 4, 1938, 1922. I HEREBY CERTIFY, That I attended deceased from March 29, 1938, to April 4, 1938

I last saw him alive on Apr 3, 1938 Death is said to have occurred on the date stated above, at 6:35 a. m.

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

Arterio Sclerosis
(Cerebral)

Date of onset 1937

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? None 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: George Shaker M. D.
(Signed) Cape Girardeau
(Address) Yes

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.

Dr.
Miller

1950