REC'D JUN 8 1938

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

Do not use this space.

18054

1. PLACE OF DEATH

County Clinton — Registration District No. 204 — File No.

Township Shoal — Primary Registration District No. 5282 — Registered No. 27

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Mrs Kate Gall

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

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: Tobias Gall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 22nd, 1865

7. AGE: 77 YEARS — MONTHS: 3 — 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.: House work
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): Chicago, Ill.

FATHER

13. NAME: Henry Peterson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Elizabeth McFarland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Tobias Gall, Cameron, Mo. R. F. D.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Clinton Co. Mo. — DATE: Harlin Cem May 22nd, 1938

19. UNDERTAKER (ADDRESS): O. A. Moore, Cameron, Mo.

20. FILED May 20th, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May., 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar., 4th, 1938, 19..., to May., 19th, 1938, 19.....

I last saw her alive on May., 19th, 1938, 19..... Death is said to have occurred on the date stated above, at 2P.M. m.

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

	Date of onset
Congestive Heart Failure	

Other contributory causes of importance: Carcinoma Liver

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) [signature] M. D.

185 (Address) Lathrop, Missouri

Exact statement of OCCUPATION is very important. ... be properly classified.

JUN 2 1964