

RECEIVED FEB 23 1939

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

2219  
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 292  
(b) Township Bouef Primary Registration District No. 5-410  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred 81 yrs. (If death occurred in Hospital or Institution, write its name instead of street and number)  
400 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Adolphus George Gall.

(a) Residence, No. Franklin County St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Margaret J. Gall.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 15, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
81 1 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer.  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) New Port, Franklin County, Mo. (STATE OR COUNTRY)

FATHER 13. NAME Livingston Gall.  
14. BIRTHPLACE (CITY OR TOWN) New Port, Franklin County Mo. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Narcissa Chitwood.  
16. BIRTHPLACE (CITY OR TOWN) New Port, Franklin County, Mo. (STATE OR COUNTRY)

17. INFORMANT Mr. George Gall, (ADDRESS) Mexico, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Port, Mo. DATE Jan 21, 1939

19. FUNERAL DIRECTOR (NAME) Otto & Co. S.E.S (ADDRESS) Washington Mo.

20. FILED Jan 21, 1939 Jeffie Grammesman (Address) Washington, Mo.  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1939, to Jan. 20, 1939

I last saw him alive on Jan 20, 1939. Death is said to have occurred on the date stated above, at 9:15 P.M.

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

Lobar Pneumonia Date of onset 1-16-39

Other contributory causes of importance: None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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) Dr. Marshall, 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

*Henry W. Otto*

or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*Henry W. Otto*

Licensed Embalmer No.

*3560*

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.