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

Do not use this space.

5850

MAR 21 1929

1. PLACE OF DEATH

County Clay — Registration District No. 198 — File No.

Township Fishing River — Primary Registration District No. 3011 — Registered No. 23

City Excelsior Springs — No. ..... St. ..... Ward)

2. FULL NAME George A. Gable

(a) Residence. No. 904 St Louis St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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: Moneta Gable

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 18-1856

7. AGE: Years 72 — Months 4 — Days 10 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Ins Business
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fort Wayne Ind

PARENTS

10. NAME OF FATHER: John A. Gable
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany.
12. MAIDEN NAME OF MOTHER: Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany.

14. INFORMANT: George D Gable
(Address) 904 St Louis Ave

15. FILED 2/28 1929 Y.D. Craven REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 2-28 1929

17. I HEREBY CERTIFY, That I attended deceased from 2-12-29, 1929 to 2-27, 1929 that I last saw him alive on 2-27, 1929, and that death occurred, on the date stated above, at 2 30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Carcinoma of Urinary Bladder

(duration) 3 Hrs. mos.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? K.A. Mo

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 1927

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J. E. Baird, M.D.

, 19 (Address) Ex. Sp. Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Crown Hill Cemetery — DATE OF BURIAL: Mar 2 1929

20. UNDERTAKER: John C Prather — ADDRESS: Ex Spgs

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.