DEC 5

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

Do not use this space.

File No. 38927

Registered No. 161

1. PLACE OF DEATH

County: Clay — Registration District No. 198

Township: Fishing River — Primary Registration District No. 3011

City: Excelsior Springs, Mo. (No. Veterans Administration St. Ward)

2. FULL NAME FALL, George S.

(a) Residence, No. -- St., Ward. 1417 W. Main, Sedalia, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Nina Fall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 13, 1875

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
63	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wood Mill Machinist

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) Unknown

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newman, Ill.

FATHER

13. NAME Samuel Fall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER

15. MAIDEN NAME Nancy Beck

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Sedalia, Mo. DATE Nov. 19, 1938

19. UNDERTAKER (ADDRESS) John C. Prather, Excelsior Springs, Mo.

20. FILED Nov. 21, 1938 Laura McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1938, to Nov. 19, 1938

I last saw him alive on Nov. 19, 1938. Death is said to have occurred on the date stated above, at 7:15 A.M.

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

	Date of onset
Meningitis	

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Other contributory causes of importance:

Empyema of gall bladder

Cholelithiasis

Name of operation Appendectomy & Cholelithotomy Date of 11-14-38

What test confirmed diagnosis? Operation. 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) John E. Kelly, M. D.

(Address) JOHN E. KELLY, Veterans Administration, Excelsior Springs, Mo.

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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.

RECEIVED FILED IN THE CENTRAL
INDEX CARD RETURNED TO DISTRICT
DATE 11/21/38