

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

3117
Do not use this space.

1. PLACE OF DEATH

(a) County Monteau Registration District No. 571
 (b) Township Walker Primary Registration District No. 4335
 (c) City California (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 22 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 60 yrs. mos. ds.

Registered No. 4

2. PRINT FULL NAME Frank Gadow 350

(a) Residence, No. California, Missouri 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) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wilhemina Fischer Gadow
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 15, 1862
 7. AGE YEARS 77 MONTHS 3 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired minister
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) 1917 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18 1940
 22. I HEREBY CERTIFY That I attended deceased from Jan 11 1940 to Jan 18 1940
 I last saw him alive on Jan 17 1940 Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset 1/13/40
Arteriosclerosis
 Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) Pommern, (STATE OR COUNTRY) Germany
 FATHER 13. NAME William Gadow
 14. BIRTHPLACE (CITY OR TOWN) Pommern (STATE OR COUNTRY) Germany
 MOTHER 15. MAIDEN NAME Marie Lindner
 16. BIRTHPLACE (CITY OR TOWN) Pommern (STATE OR COUNTRY) Germany
 17. INFORMANT A. A. Gadow (ADDRESS) 3418 Highland St. C. Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Evangelical Cemetery DATE Jan 20 1940
 19. FUNERAL DIRECTOR (NAME) J. W. Wilson & Sons (ADDRESS) California, Missouri
 20. FILED 1-29 1940 H. R. Popejoy Local Registrar.

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) J. J. Benior D.D. (Address) California, 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.

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, or by.....

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

Signed..... *A. E. Wilson*

Licensed Embalmer No. *2351*

P. O. Address *California, Mo.*

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.