WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

19977

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 5739

Township ..... Primary Registration District No. 1003 Registered No. 5739

City St. Louis (No. ....., Deaconese Hospital St. ..... Ward)

2. FULL NAME Elijah Lamb Galt

(a) Residence. No. No. 1 Sunset Ave. St., 11 Ward. St. Louis Mo. (If nonresident give city or town and State)
(Usual place of abode) BelNor Place

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (~~[illegible]~~) Mary Galt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 13, 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	4	8	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) W.P.Bowsher Mills

(c) Name of employer Flour Mill

9. BIRTHPLACE (CITY OR TOWN) Farmingdale
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER Thomas Galt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Penn?
(STATE OR COUNTRY) U.S.A.

12. MAIDEN NAME OF MOTHER Margaret Moore

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Illinois

14. INFORMANT Martin Galt
(Address) St Louis County

15. FILED JUN 22 1927 Max C Starkoff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 21 1927

17. I HEREBY CERTIFY, That I attended deceased from May 31, 1926, to June 20, 1927, that I last saw him alive on June 20, 1927, and that death occurred, on the date stated above, at 5 45 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Carcinoma of Prostate

49 512

..... (duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Same

..... (duration) 1 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at home

DID AN OPERATION PRECEDE DEATH? Yes. DATE OF May 17/27

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical diagnosis

(Signed) Kenny S. Brooks, M. D

June 21 1927 (Address) Grand Lafayette

*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	DATE OF BURIAL
Bellefontaine Cemetery	6/23 1927

20. UNDERTAKER	ADDRESS
Alexander & Sons	6175 Delmar