

1928

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

Do not use this space.

7863

1. PLACE OF DEATH

County Anderson
Township Bethesda
City Merida (No.) (Ward)

Registration District No. 26
Primary Registration District No. 3002

File No.
Registered No. 34

2. FULL NAME Miss Minerva Galaty

(a) Residence No. Merida, Mo. St. 3rd, Ward.
(Usual place of abode) Kings Daughters Home

(If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 28/1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 | 7 | 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fike Co, Mo.

10. NAME OF FATHER John F. Galaty

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Burton Co, Ky

12. MAIDEN NAME OF MOTHER Lillitha Boudurant

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Madison Co, Ky

14. INFORMANT Mrs. Stroko (Address) Merida, Mo.

15. March 8th 1928 Ira S. Milligan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 7th 1928

17. I HEREBY CERTIFY, That I attended deceased from 2:26 PM to 3:17/28, 19... that I last saw her alive on 2/26-27, 19... and that death occurred, on the date stated above, at 3/7/28 6:20 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Heart trouble & Paralysis

92A
92D
97 (duration) yrs. mos. da.
CONTRIBUTORY Smile arteriosclerosis (SECONDARY)
unknown (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....

20. WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS (Signed) R. W. Van Thurgarden, M. D. , 19 (Address) Merida, 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 Clarksville, Mo.

DATE OF BURIAL March 8 1928

20. UNDERTAKER McPhetor Bros.

ADDRESS Merida, 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.

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