JUN 4 1928

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

Do not use this space.

14551

1. PLACE OF DEATH
County: St Francois
Township: Randolph
City: Leadwood (No. ..... St. ..... Ward)
Registration District No. 33
Primary Registration District No. 60 N B.
File No. .....
Registered No. 15

2. FULL NAME: Nancy Ann Evans McGalaher
(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
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: FM
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: James Golaher

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 23-1862

7. AGE: 66 YEARS | MONTHS: 1 | DAYS: 18 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(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): Dent Co Mo

PARENTS
10. NAME OF FATHER: Andrew Evans
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Dont Know
12. MAIDEN NAME OF MOTHER: Harriet Thomas
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dont know

14. INFORMANT (Address): Martha Evans Potosi Mo

15. FILED 4/12, 1928 W E Aubrechon REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 11 1928

17. I HEREBY CERTIFY That I attended deceased from March 31, 1928, to April 11, 1928 that I last saw her alive on April 10, 1928, and that death occurred, on the date stated above, at 7 am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy.
(duration) ..... yrs. ..... mos. 11 ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) Arnold Traubitz, M. D
4/12, 1928 (Address) Leadwood, 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: Caledonia
DATE OF BURIAL: 4/12 1928

20. UNDERTAKER: N. White
ADDRESS: Caledonia

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.