

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

Do not use this space.

22101

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City St. Louis (No. 2508, Coleman st)

File No.
Registered No. **6275** (Ward)

2. FULL NAME Julia Galvin

(a) Residence. No. 2508 Coleman St., 11 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John T. Galvin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 12 - 1851

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, ____ hrs. or ____ min.
	<u>76</u>	<u>11</u>	<u>29</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
(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) Ireland

10. NAME OF FATHER James Kirk

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Mary Hogen

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

14. INFORMANT Julia Brennan
(Address) 2508 Coleman St

15. FILED IN 12 1928 May E. Storkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Dec 19 27 to June 11 1928 that I last saw her alive on May 25 1928, and that death occurred, on the date stated above, at 7:40 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Nephritis (Chronic)

CONTRIBUTORY (SECONDARY) 12/27 (duration) yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Orlando G. Gibson, M.D.
June 10 1928 (Address) St. Louis 221

*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 Calvary Cemetery DATE OF BURIAL June 14 1928

20. UNDERTAKER Cullinan Bros 1716 N Grand St ADDRESS

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.

