

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

Do not use this space.

32545

1. PLACE OF DEATH

County Vernon
Township.....
City Nevada (No.....) St. Ward

Registration District No. 875
Primary Registration District No. 3039

File No.....
Registered No. 235

2. FULL NAME

Lucy A. Galliland

(a) Residence, No. State Hosp # 3 St. Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) D. R.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>80</u>	<u>D.</u>	<u>R.</u>		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(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) Georgia

PARENTS

10. NAME OF FATHER Frank Phelcox

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT (Address) State Hosp Record, Nevada, Mo

15. FILED 10/9/28, E. P. King, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 25 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1927, to Sept 25, 1928
that I last saw her alive on Sept 25, 1928, and that death occurred, on the date stated above, at 9:40 P.M.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
82

97
Central Nervous system
(duration) yrs. mos. 5 da.

CONTRIBUTORY (SECONDARY) Asthenic Dehiscence
unknown (duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? chemical
(Signed) E. T. Can, M. D.

9-25-1928 (Address) Nevada 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 DATE OF BURIAL
East Lynn Mo Sept 26 1928

20. UNDERTAKER ADDRESS
tery funeral home Nevada 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.

