

PP 30 1929

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

Do not use this space.

7543

1. PLACE OF DEATH

County Greene

Registration District No. 677

Township Page

Primary Registration District No. 4403

City Page

File No. _____

Registered No. 23

St. _____ Ward _____

2. FULL NAME

Robert O. Galyers

(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

Male

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)

Oct 2 1900

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>27</u>	<u>4</u>	<u>11</u>	

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Nebraska

(STATE OR COUNTRY)

10. NAME OF FATHER

R. F. Galyers

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Iowa

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Maria A. Robinson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Iowa

(STATE OR COUNTRY)

14. INFORMANT

Mrs. M. E. Heure
Gregory S. Dak

(Address)

15. FILED

2-16-29 Joe F. Ayers
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 13 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1929 to Feb 13, 1929.
That I last saw him alive on Feb 13, 1929, and that death occurred, on the date stated above, at 4 a.m.

1. THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia

109A (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Typhoid fever
(duration) yrs. mos. 20 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH DATE OF _____

WAS THERE AN AUTOPSY in Lab

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) A. R. Boyington, M. D.

(Address) Rolla

*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

Maple Grove Neb. 2-16-29

20. UNDERTAKER A. R. Woodson ADDRESS Rolla

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.

