

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.

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

Do not use this space.
W. H. Phipps
 11753
 File No. _____
 Registered No. 31

1. PLACE OF DEATH
 County Ray Registration District No. 651
 Township Little Prairie Primary Registration District No. 4888
 City Caruthersville (No. _____) St. _____ Ward) _____
2. FULL NAME Heller Gally
 (a) Residence. No. _____ City _____ State _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) ✓
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-1-27
7. AGE YEARS 1 MONTHS 5 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.
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) _____
 (c) Name of employer _____
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
10. NAME OF FATHER O. J. Gally
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Myrtle Hogue
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.
14. INFORMANT O. J. Gally
 (Address) Caruthersville Mo.
15. FILE NO. 8 1929 Registrar Ada Martin

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-2 1929
17. I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1929, to March 2, 1929, that I last saw de alive on March 1, 1929, and that death occurred, on the date stated above, at 6:50 A.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho-pneumonia
Influenza
 (duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) Influenza
 (duration) _____ yrs. _____ mos. _____ ds.
18. WHERE WAS DISEASE CONTRACTED
 IS NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN INJURY? no
 WHAT TEST CONFIRMED DIAGNOSIS? clinical
 (Signed) H. W. Phipps, M. D.
 *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 Little Prairie
DATE OF BURIAL 3-3 1929
20. UNDERTAKER H. D. Smith
ADDRESS Caruthersville Mo.

