

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

Do not use this space.

31365

**1. PLACE OF DEATH**

County Marion  
Township Marion  
City Hannibal (No. 616 Church St)

Registration District No. 547  
Primary Registration District No. 3079

File No. \_\_\_\_\_  
Registered No. 225  
St. 3rd Ward)

**2. FULL NAME**

(a) Residence. No. 616 Church St 3rd 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBANDS OR (OR) WIFE OF Elias L. Holt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 11 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 8 13

**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) Adams Co  
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER Wm W. Gallenore

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

12. MAIDEN NAME OF MOTHER Malida McInerty

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Camp Point  
(STATE OR COUNTRY) Ill.

14. INFORMANT Mrs. Sutzke Holt  
(Address) Hannibal Mo

15. FILED 9/16 29 Olausius REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 25 1929

17. I HEREBY CERTIFY, That I attended deceased from March 1925 to Sept 25 1929, and that I last saw him alive on Sept 24 1929, and that death occurred, on the date stated above, at 10:40 A. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
atherosclerosis with  
dilatation of heart

(duration) 3 yrs. mos. ds.

CONTRIBUTORY Not known  
(SECONDARY)

(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS Observation & Examin  
(Signed) J. W. Monroe, M. D.

Sept 26, 1929 (Address) Hannibal 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 Riverside Cemetery DATE OF BURIAL Sept 27 1929

20. UNDERTAKER Wm M. Smith ADDRESS Hannibal 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.

4  
2  
10720

29 25

PARENTS

#

