

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

Do not use this space.

32174

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... # Primary Registration District No. 1003
 City St. Louis (No. 4030) Cleveland Ave. (Ward)

File No.
 Registered No. 9221

2. FULL NAME

Ellen M. Galloway
 (a) Residence. No. # 4030 Cleveland Ave. (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. 17 How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-13-29
 17.

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

I HEREBY CERTIFY, That I attended deceased from Sept 1 1928, to Sept 13 1929
 that I last saw her alive on Sept 13 1929, and that death occurred, on the date stated above, at 12 P.M. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 15-1883

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
76 1 29

non Malignant Adenoma (Gorter)
66H (duration) 1 yrs. 13 ds.

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.....

CONTRIBUTORY (SECONDARY) Asteno Sclerosis
 (duration) 1 yrs. 13 ds.

9. BIRTHPLACE (CITY OR TOWN) Pittsfield, Ill.
 (STATE OR COUNTRY)

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

10. NAME OF FATHER Chas. Maunder.

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

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

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory
 (Signed) D. Whitson M. D.

12. MAIDEN NAME OF MOTHER unknown

9/14 1929 (Address) 4337 Washington Bl

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

*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.

14. INFORMANT Martha Ellen Dymally
 (Address) 4030 Cleveland Ave

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bellefontaine DATE OF BURIAL 9-16-29

15. FILED 1003 Wm P Galloway REGISTRAR

20. UNDERTAKER L. R. Rupton ADDRESS #4449 Olive St.

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.

23
 22
 8

#430 / ... of ...
10 am