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

Do not use this space.

37024

1. PLACE OF DEATH
County Jackson — Registration District No. 398
Township Blue — Primary Registration District No. 3019
City Independence Mo (No. 1004 S Main St. Ward)

File No.
Registered No. 382

2. FULL NAME Catherine J. Gallett (Gault)
(a) Residence. No. 1004 S Main St., Ind Mo Ward. J
(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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 18th 1929

7. AGE — YEARS — MONTHS — DAYS ✓ — If LESS than 1 day, 30 hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) "
(c) Name of employer "

9. BIRTHPLACE (CITY OR TOWN) Independence
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER E. A. Gault
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ind.
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Hellen Garrett
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ind
(STATE OR COUNTRY) Mo

14. INFORMANT E. A. Gault
(Address) 1004 S Mains Ind Mo

15. FILED 11-16, 1929 F. L. Cook REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw her alive on 11-15-29, 19....., and that death occurred, on the date stated above, at 6:00 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Atelectasis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) New Born
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) R. F. Huckett, M. D.
11-16, 1929 (Address) Indep. 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: Word Lawn
DATE OF BURIAL: Nov 18th 1929

20. UNDERTAKER: Ott Mitchell
ADDRESS: Ind 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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD