

MAY 18 1936

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

Do not use this space.

1. PLACE OF DEATH

County Bothwell Registration District No. 6
Township Easton Primary Registration District No. 119-13 File No. 124^a
City Bothwell (No. 119-13) St. Bothwell (Ward)

2. FULL NAME

Eugene E. Galt EATIES
(a) Residence No. 119-13 St. Bothwell Ward. 1
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 2 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 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) 12-28-29

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
1

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) near Easton
(STATE OR COUNTRY)

10. NAME OF FATHER Noah E. Galt

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

12. MAIDEN NAME OF MOTHER Harriet Royal

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

14. INFORMANT Noah E. Galt
(Address) Bothwell

15. FILED 124-31 REGISTRAR J. J. Rhoads

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-28 1936

17. I HEREBY CERTIFY, That I attended deceased from 1-28 1936 to 1-28 1936, that I last saw him alive on 1-28 1936, and that death occurred, on the date stated above, at 11:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Brain lesion
1060
CONTRIBUTORY (SECONDARY) 60
(duration) yrs. mos. da. 4

18. WHERE WAS DISEASE CONTRACTED 1060

IF NOT AT PLACE OF DEATH, DATE OF 1-28

DID AN OPERATION PRECEDE DEATH? DATE OF 1-28

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. J. Rhoads M. D.

1-31 1936 (Address) Bothwell

*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 Bothwell

DATE OF BURIAL 1-29 1936

20. UNDERTAKER D. S. Rhoads

ADDRESS Bothwell

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

100

100