

APR 2 9 1930

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau
Township Boyd
City Jackson Mo.

Registration District No. 124
Primary Registration District No. 5179

File No. 7944
Registered No. 43
St. _____ Ward _____

2. FULL NAME

Elizabeth B Gally

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE of David Gally

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May - 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 6 4

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife 94A
(b) General nature of industry, business, or establishment in which employed (or employer) 95B
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Co Mo

10. NAME OF FATHER Wick Knott

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Co Mo

12. MAIDEN NAME OF MOTHER Elliott

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

14. INFORMANT Mr David Gally (Address) Jackson Mo

15. FILED 49 30 D. G. Surber REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 31 1930

17. I HEREBY CERTIFY, That I attended deceased from _____, 1927, to March 31, 1930 that I last saw him alive on Feb, 1930, and that death occurred, on the date stated above, at 27615 P.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac Insufficiency
attended with Angina
pectoris

CONTRIBUTORY (SECONDARY) 900

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: See place of Death

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Dr. W. Hays _____, M. D.
(Address) Jackson, 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 Russell Heights DATE OF BURIAL April 2 1930

20. UNDERTAKER McComb Funeral Home ADDRESS Jackson 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.

JAN 2 1947

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