

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.

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

Do not use this space.

Missouri
NOV 26 1930

1. PLACE OF DEATH

County Pike Registration District No. 689
Township Buffalo Primary Registration District No. 2033
City Louisiana, Mo. (No. _____) St. _____ Ward _____

33789
File No. 2033
Registered No. 689

2. FULL NAME

Ida May Gallahan
(a) Residence. No. Cyrene, Mo. R.F.D. St. _____ 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>X</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>5/4/30</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>5</u>	<u>10</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>X</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>X</u>		
(c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) <u>Pike County, Mo.</u> (STATE OR COUNTRY)		
PARENTS	10. NAME OF FATHER <u>Alfred W. Gallahan</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Samerson, Mo.</u> (STATE OR COUNTRY)	
	12. MAIDEN NAME OF MOTHER <u>Jessie Sitsman</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Rockport, Mo.</u> (STATE OR COUNTRY)	
14. INFORMANT <u>Alfred W. Gallahan</u> (Address) <u>Cyrene, Mo.</u>		
15. FILED <u>10/15/30 J. Chaurf</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/14/30

17. I HEREBY CERTIFY, That I attended deceased from _____, 1930, to 10/14/30, 1930 that I last saw h. or alive on 10/14/30, 1930 and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
His Colic

119 B
CONTRIBUTORY (SECONDARY) 1/30 (duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? no DATE OF X
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) J. Miller, M. D.
10/14/30 (Address) Louisiana 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 <u>Cyrene Mo</u>	DATE OF BURIAL <u>10/15/30</u>
20. UNDERTAKER <u>J. O'Neal</u>	ADDRESS <u>Louisiana Mo</u>

