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

Do not use this space.

16789

1. PLACE OF DEATH
County Scott — Registration District No. 821 — File No. 42
Township Richland — Primary Registration District No. 6070 — Registered No.
City Sikeston (No. ..... St. ..... Ward)

2. FULL NAME Jonah Right Galemore
(a) Residence. No. Blodgett Mo 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. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 26 - 1875

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
56	1	14	

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

9. BIRTHPLACE (CITY OR TOWN) Randolph
(STATE OR COUNTRY) Ark

PARENTS
10. NAME OF FATHER Richard Galemore
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not
(STATE OR COUNTRY) Known
12. MAIDEN NAME OF MOTHER Eliza Thorogmorton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not
(STATE OR COUNTRY) Known

14. INFORMANT Raymond Galemore
(Address) Blodgett Mo

15. FILED 5/10/31 Walter E Deins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 10 1931

17. I HEREBY CERTIFY, That I attended deceased from Apr 8, 1931, to Apr 10, 1931, that I last saw him alive on Apr 10-31, 19..., and that death occurred, on the date stated above, at 1:10 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Infection of left hand
36 (duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (SECONDARY) Bacteremia
(duration) ..... yrs. ..... mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Howard M Kendy, M. D.
19 (Address) Sikeston 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	DATE OF BURIAL
Blodgett Mo	4-12 1931
20. UNDERTAKER John Allerton	ADDRESS Sikeston 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.

MAY 27 1931

1931 4 10

1885 2-26

56 1 14