

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

Do not use this space.

17815

1. PLACE OF DEATH *Howell*
 County Registration District No. *384*
 Township Primary Registration District No. *1-227*
 City *West Plains* (No.) St. Ward)
 2. FULL NAME *Mayme L. Galloway*
 (a) Residence, No. 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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Chas F. Galloway*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *8-9-1896*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>34</i>	<i>9</i>	<i>16</i>	

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation *LSP*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Peace Valley, Mo.*

FATHER

13. NAME *Isaac Lemmon*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*

MOTHER

15. MAIDEN NAME *Lizzie Goldsberry*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*

17. INFORMANT (ADDRESS) *Chas F. Galloway
West Plains, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Darke Lawn* DATE *5-30-31*

19. UNDERTAKER (ADDRESS) *McFarland's
West Plains, Mo.*

20. FILED *6-6-31* *Ora Kinrich*
Registrar.

3 LSP MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 25, 1931*

22. I HEREBY CERTIFY, That I attended deceased from *May 27, 1931, to May 25, 1931*
 I last saw h. *alive on May 20, 1931*. Death is said to have occurred on the date stated above, at *50*, m.
 The principal cause of death and related causes of importance were as follows:

<i>Cerebral hemorrhage</i>	Date of onset <i>5/22/31</i>
<i>1st</i>	
<i>14</i>	
<i>14</i>	

Other contributory causes of importance: *1* **1**
Aue Cerebrtic Doxemia *5/24/31*

Name of operation *none* Date of
 What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Did injury occur? *No*
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury *✓*

24. Was disease or injury in any way related to occupation of deceased? *No*
 If so, specify *C. S. G. G. G.*
 (Signed) *C. S. G. G. G.* M. D.
 (Address) *West Plains, Mo.*

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.

JUL 5 1931

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