

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

Do not use this space.

24584

155

**1. PLACE OF DEATH**

County Cole Registration District No. 213  
 Township \_\_\_\_\_ Primary Registration District No. 3014  
 City Jefferson (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**2. FULL NAME** George E. Galusha

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED (write name of HUSBAND OR (OR) WIFE OF) Ruth Galusha

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March-4-1880  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
51 4 15

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil Engineer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. State Highway  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Naperville, Ills

FATHER  
 13. NAME Edwin A. Galusha

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Naperville, Ills

MOTHER  
 15. MAIDEN NAME Elvira Scofield

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills

17. INFORMANT (ADDRESS) Mrs. Ruth Galusha  
Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Naperville, Ills July-20-1931

19. UNDERTAKER (ADDRESS) Wymore-Gordon  
Jefferson City, Mo

20. FILED 7-29-1931 W. Bradford Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19 1931

22. I HEREBY CERTIFY, That I attended deceased from July 18 1931 to July 19 1931  
 I last saw him alive on July 19 1931 Death is said to have occurred on the date stated above, at 7:45 p. m.  
 The principal cause of death and related causes of importance were as follows:

Typhoid fever Date of onset July 9/31

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Lab Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (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 \_\_\_\_\_

(Signed) P. P. Lomi M. D.  
 (Address) Jefferson City, 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.

AUG 25 1931

