

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

Do not use this space.

1500

1. PLACE OF DEATH

49 County Jasper
11 Township Webb City
11 City Webb City (No.)

Registration District No. 417
Primary Registration District No. 3071

File No.
Registered No. 10
St. Ward

2. FULL NAME

(a) Residence. No. 915 N. Main 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 John Agan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 12 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 2 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer) 2740
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Springfield
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER James Gallagher

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Laura Perry

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

14. INFORMANT John Agan
(Address) Webb City Mo

15. FILED 1/18 32 P. M. Starnob
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 17 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1932, to Jan 17, 1932, that I last saw h. alive on , 19 , and that death occurred, on the date stated above, at 2 30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis
(duration) yrs. mos. ds. 5

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds. 10

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH no (1)

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Staining
(Signed) Dr. Dumbauld, M. D.
1/18 32 (Address) Webb City 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 Centerville Cem DATE OF BURIAL 1/19 1932

20. UNDERTAKER Webb City Und Co ADDRESS Webb City

N. B.—Every item of information should be carefully supplied. AGE should be stated exactly. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 4 1932

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