

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

Do not use this space.

11763

**1. PLACE OF DEATH**

12 County Butter  
Township Wright  
City Wright (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 88  
Primary Registration District No. 5130

File No. \_\_\_\_\_  
Registered No. 19

**2. FULL NAME**

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
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.  
*(If nonresident, give city or town and State)*

Norman Wesley Gallyoun

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sadie Gallyoun</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 24 1887</u>		
7. AGE YEARS <u>44</u>	MONTHS <u>6</u>	DAYS <u>21</u>
7. AGE (continued) If LESS than 1 day, _____ hrs. or _____ min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>General farm</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>work land</u> (c) Name of employer <u>Insurance agent</u>		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Leptonville 2 Tenn.</u>		
PARENTS	10. NAME OF FATHER <u>Love Gallyoun</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know Tennessee</u>	
	12. MAIDEN NAME OF MOTHER <u>Gerie Grigal</u>	
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know 31 Tenn.</u>		
14. INFORMANT <u>George W. Gallyoun</u> (Address) <u>Campbell 1401</u>		
15. FILED <u>4/16 1932</u> <u>R. L. Turner</u> REGISTRAR		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 15 1932

17. I HEREBY CERTIFY, That I attended deceased from April 12, 1932, to April 15, 1932 that I last saw him alive on April 15, 1932, and that death occurred, on the date stated above, at 4 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
labor pneumonia  
108 / 108 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 10 ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ 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) St. Charles, M. D.  
4/15, 1932 (Address) Waylor no

\*State the DISEASE CAUSING DEATH, or in depths 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>Pine City Cem.</u>	DATE OF BURIAL <u>4-17 1932</u>
20. UNDERTAKER <u>Swindeman</u>	ADDRESS <u>Pembroke</u>

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.

MAY 28 1934

