

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

Do not use this space.

12610

1. PLACE OF DEATH

County JACKSON
Township KAW
City KANSAS CITY (No. 3327, BALES)

Registration District No. 399
Primary Registration District No. 1002

File No. 1547
Registered No. 1547
St. _____ Ward _____

2. FULL NAME

MRS ALICE M GALLAHER

(a) Residence, No. 3327 BALES St. 14 Ward _____

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>WIDOWED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>JAMES A GALLAHER</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>NOV-15-1856</u>		
7. AGE YEARS <u>75</u>	MONTHS <u>4</u>	DAYS <u>26</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>NONE</u>	
	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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL-11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 6th, 1932, to Apr 11th, 1932
I last saw her alive on Apr 10th, 1932 Death is said to have occurred on the date stated above, at 6:10 A.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia
Tuberc - 108
1928
95B

Date of onset

Other contributory causes of importance:

Coronary Def.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) George F. Benning M. D.

(Address) 715 K. ...

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MISSOURI</u> <u>1</u>
	13. NAME <u>W. P. GREENLEE</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>KENTUCKY</u> <u>2</u>
	15. MAIDEN NAME <u>BARBARA ENLOW</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>KENTUCKY</u>
	17. INFORMANT <u>MR. LEE GALLAHER</u> (ADDRESS) <u>3327 BALES</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>ELMWOOD</u> DATE <u>APRIL-13</u> 19 <u>32</u>
	19. UNDERTAKER <u>D. W. NEWCOMER'S SONS</u> (ADDRESS) <u>2111 EAST 9TH ST.</u>
	20. FILED <u>7/12</u> 19 <u>32</u> <u>M. M. ...</u> Registrar.

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.

