

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

Do not use this space.

15582

1. PLACE OF DEATH
 2 County Christian Registration District No. 184
 4 Township Fidelity Primary Registration District No. 5255
 6 City Ozark (No. 4110) St. _____ Ward _____
 2. FULL NAME May Silver
 (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)

File No. _____
 Registered No. 79
 St. _____ Ward _____

JUN 21 1932

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 W. H. Silver

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 23 - 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73 1 24

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work House Keeper
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) New Port (STATE OR COUNTRY) Kentucky

PARENTS
 10. NAME OF FATHER John S. Gallery
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 12. MAIDEN NAME OF MOTHER Leatherin Keker
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

14. INFORMANT W. H. Silver (Address) Ozark Mo.

15. FILED June 21 1932 Ruth Harrison REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from April 21, 1932, to May 17, 1932, that I last saw her alive on May 17, 1932, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis

99 (duration) 5 yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED (1)
 IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? N. DATE OF _____
 WAS THERE AN AUTOPSY? N.

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. H. Wade, M. D.
 , 19 (Address) Ozark 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 Mowbraga Ill DATE OF BURIAL May 19 1932

20. UNDERTAKER B. C. Klepper ADDRESS Ozark Mo.

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.

