

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

Do not use this space.

25736

188

**1. PLACE OF DEATH**

26  
33  
8

County Mo State Prison Registration District No. 213  
Township \_\_\_\_\_ Primary Registration District No. 3011  
City Jefferson City (No. \_\_\_\_\_)

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Emmett Gallie  
(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 Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 14 - 1900  
7. AGE YEARS 32 MONTHS 7 DAYS — If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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 \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Seatons, Mo. (STATE OR COUNTRY) \_\_\_\_\_

13. NAME Emmett Gallie

14. BIRTHPLACE (CITY OR TOWN) Seatons, Mo. (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME Sallie Lindsey

16. BIRTHPLACE (CITY OR TOWN) Seatons, Mo. (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Mo. St. Prison Records (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Seatons, Mo. DATE Aug. 17 - 1932

19. UNDERTAKER Higgins and Co. (ADDRESS) Jefferson City, Mo.

20. FILED 8/16/32 1932 Dr. B. J. D. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14 1932

22. I HEREBY CERTIFY, That I attended, deceased from July 2, 1932, to Aug 14, 1932  
I last saw him alive on Aug 14, 1932 Death is said to have occurred on the date stated above, at 11:05 p.m.

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

Pulmonary Tuberculosis  
73A

Other contributory causes of importance: 23

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

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? \_\_\_\_\_

If so, specify None

(Signed) M. B. Ramsey M. D.  
(Address) Mo State Prison Hospital

WHITE 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.

SEP 22 1932

