

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

Do not use this space.

31934

1. PLACE OF DEATH  
 36 County Franklin Registration District No. 297  
 8 Township Washington Primary Registration District No. 306  
 City Washington (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Elbeth S. Gallenkamp  
 (a) Residence, No. 320 Locust St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 6 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. \_\_\_\_\_  
 Registered No. 82

**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 OR (OR) WIFE OF William J. Gallenkamp  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-28-1898  
 7. AGE YEARS 34 MONTHS 7 DAYS 9 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235'  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Orleans La  
 MOTHER 13. NAME Eggie Standinger  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Hassenaustadt 10 Germany  
 15. MAIDEN NAME Gertrude Helgenberg  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.  
 17. INFORMANT William Gallenkamp  
 (ADDRESS) Washington 320  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Old Fellows DATE 10/1/32  
 19. UNDERTAKER Hubert & Witt, Inc.  
 (ADDRESS) Washington Mo.  
 20. FILED Oct 7 1932 W. J. O. M. M. M. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 2 - 1932  
 22. I HEREBY CERTIFY, That I attended deceased from Sept. 27, 1929, to Oct. 2, 1932  
 saw her alive on Oct. 1 - 1932. Death is said to have occurred on the date stated above, at 12:30 A m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Pulmonary Tuberculosis Date of onset Unknown  
Tuberculosis  
 Other contributory causes of importance: none  
 Name of operation \_\_\_\_\_ 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? no  
 If no, specify \_\_\_\_\_  
 (Signed) H. A. May, M. D.  
 (Address) Washington, Mo.

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.

NOV 2 9 1932

