

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

Do not use this space.

2935

1. PLACE OF DEATH
 94 County St. Francois Registration District No. 773
 Township St. Francois Primary Registration District No. 6018A
 Near City Farmington, Mo. (No. State Hospital No. 4, St. _____ Ward _____)

2. FULL NAME Mary Bell Galbraith
 (a) Residence, No. Eminence, Mo. 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)

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 William Thomas Galbraith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 4, 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	69	1	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Washington Co. (STATE OR COUNTRY) Mo.

MOTHER FATHER 13. NAME James Franklin

14. BIRTHPLACE (CITY OR TOWN) Norfolk, Virginia (STATE OR COUNTRY)

15. MAIDEN NAME Elizabeth Sholar

16. BIRTHPLACE (CITY OR TOWN) Middlebrook, Mo. (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Hospital Records Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fun Home DATE 1-23-33

19. UNDERTAKER (ADDRESS) Yap Posen

20. FILED Jan 23, 1933 T. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 23, 1933

22. I HEREBY CERTIFY That I attended deceased from Dec. 31, 1932 to Jan. 23, 1933. I last saw her alive on Jan. 23, 1933. Death is said to have occurred on the date stated above, at 9:15 a. m.

The principal cause of death and related causes of importance were as follows:
General arteriosclerosis Date of onset _____

Other contributory causes of importance:
Squid dementia
(Hypostatic) pneumonia
(terminal)

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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 _____

(Signed) Paul Frankel, M. D.
 (Address) Farmington, Mo.

