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

Do not use this space.

18584

File No.
Registered No. 5040

1. PLACE OF DEATH

County
Registration District No.
Township
Primary Registration District No.
City St Louis Mo (No. City Hospital # 2 St. Ward)

2. FULL NAME Leatha Galloway

(a) Residence, No. 2706 Franklin St., 21 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: Female
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1-9-1906

7. AGE: Years 27 | Months 4 | Days 16 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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.: Housework
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): Ark

FATHER
13. NAME: Arthur Meeks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ark

MOTHER
15. MAIDEN NAME: Mary Woods
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ark

17. INFORMANT (ADDRESS): A. Gertrude Creath City Hospital # 2

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Little Rock Ark DATE: June 10, 1933

19. UNDERTAKER (ADDRESS): Nemuth-Son 2700 Wash St.

20. FILED: JUN 1933, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5-27-1933

22. I HEREBY CERTIFY, That I attended deceased from 5-20-1933, to 5-27-1933, 19..
I last saw her alive on 5-27-1933. Death is said to have occurred on the date stated above, at 9:12 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
121 B	
Chronic Appendicitis	

Other contributory causes of importance:

121

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?
If so, specify
(Signed) Henry C. Hampton, M. D.
(Address) City Hosp # 2

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.