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.

JUL 23 193

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

Do not use this space.

1. PLACE OF DEATH

104 County Stone — Registration District No. 843 — File No. 22092

Township Washington — Primary Registration District No. 6106 — Registered No.

City Galena (No. , St. Ward)

2. FULL NAME Delcie Ora (Stewart) Galloway

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 29 1898

7. AGE: YEARS 34 — MONTHS 10 — DAYS 28 — If LESS than 1 day, hrs. or min.

OCCUPATION
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) (STATE OR COUNTRY): Stone Co Mo

FATHER
13. NAME: Carney Stewart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER
15. MAIDEN NAME: Agnes Blunk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

17. INFORMANT (ADDRESS): Emma Stewart Stone, Galena Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Galena Mo DATE July 2 193

19. UNDERTAKER (ADDRESS): Ira Hunt, Galena Mo

20. FILED July 2, 1933 Nellie H Tromley, Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1933, to June 27, 1933

I last saw her alive on June 27, 1933. Death is said to have occurred on the date stated above, at 1:30 P.m.

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

Eclampsia — Date of onset

14 P

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? no — 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 so, specify

(Signed) [signature], M. D.

(Address) Galena Mo