

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

Do not use this space.

File No. **29084**

1. PLACE OF DEATH
 County Clay Registration District No. 197
 Township Gallatin Primary Registration District No. 5276
 City No. Kansas City Mo. R#4 St. _____ Ward _____

2. FULL NAME Thomas Gollledge
 (a) Residence, No. No. Kansas City, Mo. St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M **4. COLOR OR RACE** W **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF (OR) WIFE OF Maggie Gollledge

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9, 1885

| | | | | | | |
|---------------|--------------|---------------|-------------|----------------------------|-------------|-------------|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, | hrs. | min. |
| | <u>81</u> | <u>3</u> | <u>21</u> | | | |

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

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) Ontario, Canada

13. NAME John Gollledge

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT Wiel Gollledge
 (ADDRESS) No. Kansas City - Mo. R#4

18. BURIAL, CREMATION, OR REMOVAL
 PLACE County Farm DATE Oct 1 1933
Chandler No

19. UNDERTAKER Shorton & Co
 (ADDRESS) No. Kansas City - Mo

20. FILED Oct 1 1933 John Shorton
 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 30 1933

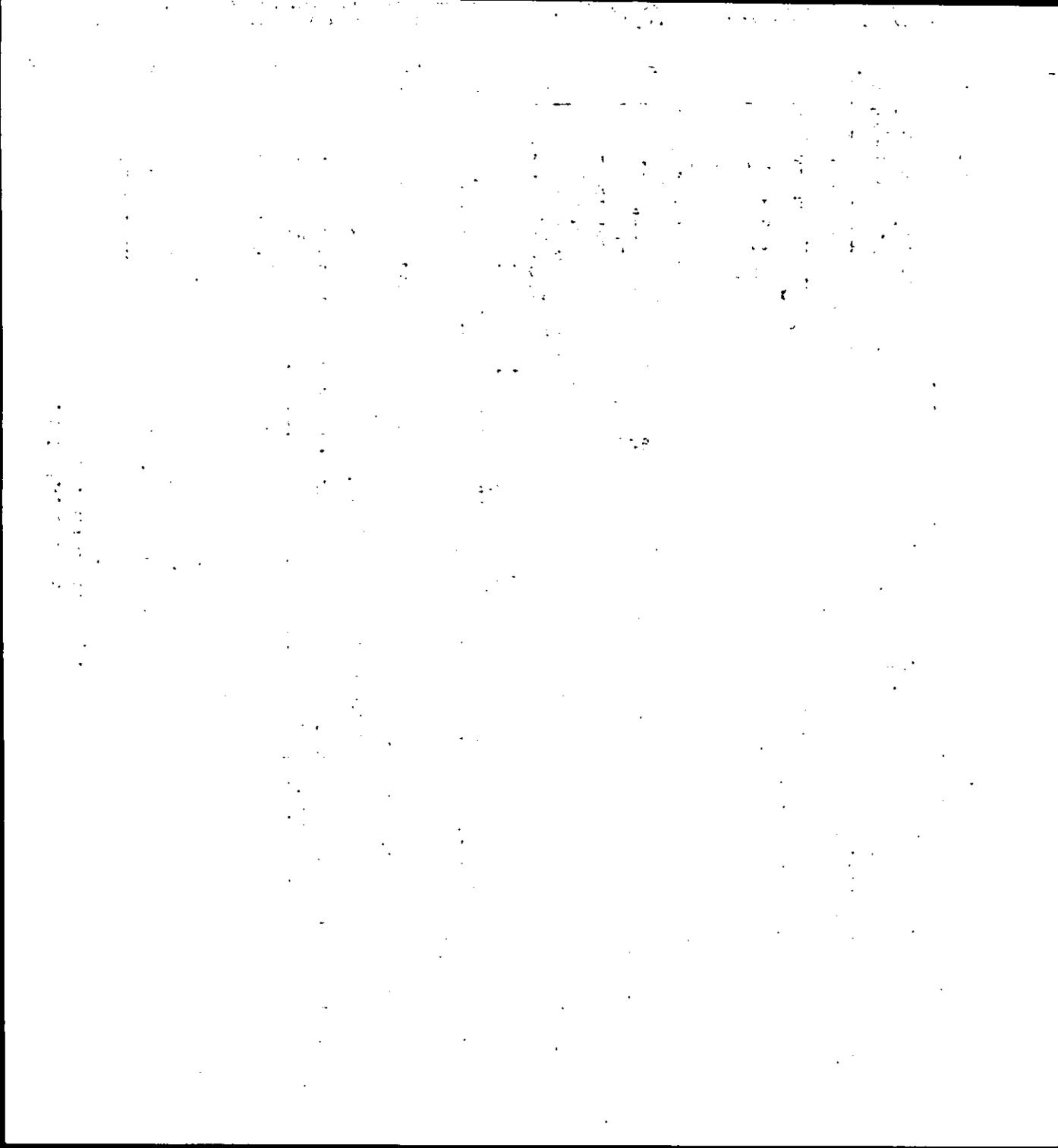
22. I HEREBY CERTIFY, That I attended deceased from September 28, 1933 to September 29, 1933
 I last saw him alive on September 30, 1933 Death is said to have occurred on the date stated above, at 11:10 A.M.
 The principal cause of death and related causes of importance were as follows:
Encephalitis Date of onset 9/28/33
Hypostatic Pneumonia 9/29/33
100
1110
 Other contributory causes of importance: Senility 167

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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. _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Harry P. Staley, M. D.
 (Address) 1909 Swift North Kansas City Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
 Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
 OCT 20 1933

31 88 5



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Clay Registration District No. 197
Township Gallatin Primary Registration District No. 5276
City (No. St. Ward)

2. FULL NAME

Thomas Gallege
(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 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

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

7. AGE YEARS MONTHS DAYS 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.

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)

FATHER

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 19

John S. Morton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the day stated above, at _____ m.

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

Encephalitis Date of onset

Other contributory causes of importance:

no autopsy held.

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) _____, M. D.
(Address) _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
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.

5-29084