

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

Do not use this space.

32485

1. PLACE OF DEATH

County Sedars
Township Box
City (No.)

Registration District No. 163
Primary Registration District No. 5228

File No. _____
Registered No. 59
St. _____ Ward _____

2. FULL NAME

Galen O Teague

(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Lillie M Teague
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-24-1876

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>56</u>	<u>10</u>	<u>4</u>	

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Farmer
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) Edwards Spgs Mo
13. NAME Wm S. Teague
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind
15. MAIDEN NAME Mary Lourens
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT Mrs Lillie M Teague
(ADDRESS) Edwards Springs Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Angel Bell Cem DATE 10-30 1923
19. UNDERTAKER Living - Sedars
(ADDRESS) Edwards Springs Mo
20. FILED 1930 1933 J. Dawson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 29 1933
22. I HEREBY CERTIFY, That I attended deceased from October 27 1933 to October 29 1933.
I last saw him alive on October 29 1933. Death is said to have occurred on the date stated above, at 12:20 a.m.
The principal cause of death and related causes of importance were as follows:
acute generalized peritonitis resulting from fecal impaction.
Date of onset 10/27/33
Other contributory causes of importance: 12/9 12/10
Name of operation None 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) J. R. Williams M. D.
(Address) Edwards Springs 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 10 1933

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