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.

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

MAR 24 1934

Do not use this space.

7378

1. PLACE OF DEATH
County St Louis
Township Central
City Richmond Hts (No. 1418 Collins ave St. Ward)
Registration District No. 1170
Primary Registration District No. 6248H
File No.
Registered No. 31

2. FULL NAME Bertha C. Gallaher
(a) Residence, No. 1418 Collins ave 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: 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: Wm. R. Gallaher
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 18, 1893
7. AGE: YEARS 40 MONTHS 4 DAYS 25 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): Henderson Ky.

FATHER
13. NAME: Julius W. Vogel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Henderson Ky.

MOTHER
15. MAIDEN NAME: Catherine Schmidt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Evansville Indiana

17. INFORMANT (ADDRESS): Wm. R. Gallaher 1418 Collins ave
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE 2-15 1934
19. UNDERTAKER (ADDRESS): Kriegshauser Mortuaries 4 & 8 So. Kingshighway
20. FILED 2/14 1934 Gertrude Porter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 12, 1934
22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1934, to Feb 12, 1934
I last saw her alive on Feb 12, 1934. Death is said to have occurred on the date stated above, at 10:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	Feb 12-34

59

Other contributory causes of importance:

Secondary Anemia	6 Months
Acute Diabetes	2 weeks
Acute Nephritis	2 weeks

Name of operation: None Date of —
What test confirmed diagnosis? — 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?
If so, specify
(Signed) W. Antonio H. [illegible], M. D.
(Address) 1625 Town [illegible]