

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

Do not use this space.

9015

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APR 25 1934

1. PLACE OF DEATH

County Jackson Registration District No. Robinson Sanitorium File No. _____
Township _____ Primary Registration District No. _____ Registered No. _____
City Wassasau City (No. 8100) Milroy Rd St. _____ Ward _____

2. FULL NAME

Mrs Ethel Galbraith
(a) Residence, No. 801 E. 4th St St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25rd. 1863

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	70	2	19	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
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) Ohio

MOTHER FATHER 13. NAME Eyeball Knight S

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

MOTHER 15. MAIDEN NAME Mary House

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

17. INFORMANT Harvey G. Galbraith
(ADDRESS) 301 2nd 40th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill Cem. DATE 5/17/34

19. UNDERTAKER M. J. Cherry
(ADDRESS) City

20. FILED 3-17 1934 Emm Crowe
Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1933, to May 15, 1934

I last saw her alive on March 15, 1934 Death is said to have occurred on the date stated above, at 9:30 P. m.

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

Cerebral Oedema Date of onset 3-11-34

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Other contributory causes of importance: Cerebral Thrombosis 3-11-34

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? NO
If so, specify _____

(Signed) Walter Robinson M. D.
(Address) 1432 Professional Bldg.

