

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

Do not use this space.

6993

1. PLACE OF DEATH

County Newton
Township West Benton
City Newton (No. _____)

Registration District No. 609
Primary Registration District No. 5809

File No. _____
Registered No. 21
St. _____ Ward _____

2. FULL NAME

Phillip Marian Gallaspie
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>November 19, 1935</u>		
7. AGE	YEARS	MONTHS
		2
		26
		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) <u>Newton Mo.</u>		
FATHER	13. NAME <u>Philip Gallaspie Jr.</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Robinson Illinois</u>	
MOTHER	15. MAIDEN NAME <u>Bessie Cash</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carthage Missouri</u>	
17. INFORMANT (ADDRESS) <u>Philip Gallaspie, Jr. Newton Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Okmulgee Camp</u> DATE <u>2-17</u> , 19 <u>36</u>		
19. UNDERTAKER (ADDRESS) <u>Edley Thompson Newton Mo.</u>		
20. FILED <u>3-2</u> , 19 <u>36</u> <u>Oral A. Sale, M.D.</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from November 19, 1935, to Feb 15, 1936.
I last saw him alive on Feb 14, 1936. Death is said to have occurred on the date stated above, at 4 A. m.
The principal cause of death and related causes of importance were as follows:
Bronchial pneumonia Date of onset Feb 15
congenital heart

Other contributory causes of importance.....

Name of operation Cardiopneumonia under local anesthesia Date of Feb 16, 1936
What test confirmed diagnosis? Chemical 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) M. P. Bowman, M. D.
(Address) Newton Mo.

