

JAN 18 1937

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

Do not use this space.

43681

1. PLACE OF DEATH

County Audrain  
Township Prairie  
City Ladonna (No. 4018)

Registration District No. 24  
Primary Registration District No. 15012

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Henry Thomas Galloway  
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED, HUSBAND OF (or) WIFE OF <u>Hilda Galloway</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 30 - 1876</u>		
7. AGE	YEARS <u>60</u>	MONTHS <u>11</u>
	DAYS <u>17</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farming</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Aug 1936</u>	
	11. Total time (years) spent in this occupation <u>life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Audrain, Mo.</u>		
FATHER	13. NAME <u>Cornery Galloway</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Laura Judson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT (ADDRESS) <u>Mrs John Gost Ladonna, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ladonna, Mo</u> DATE <u>Dec. 19 1936</u>		
19. UNDERTAKER (ADDRESS) <u>H. G. Granger Ladonna, Mo</u>		
20. FILED <u>12-18 1936</u> <u>W. S. Meade</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1936, to Dec 17, 1936. I last saw him alive on Dec 17, 1936. Death is said to have occurred on the date stated above, at 1:30 A. M. The principal cause of death and related causes of importance were as follows:  
Chronic Parenchymatous nephritis Date of onset 1936

Other contributory causes of importance:  
Arteriosclerosis 1936

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Syphilis Was there an autopsy? N.O.

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? N.O.  
If so, specify \_\_\_\_\_  
(Signed) R. B. Baird, M. D.  
(Address) Ladonna, Mo.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

