

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

Do not use this space.

JAN 26 1937

46001

1. PLACE OF DEATH
County St. Genevieve Registration District No. 780
Township St. Rose Primary Registration District No. 6025
City..... (No..... St..... Ward.....)

2. FULL NAME Benjamin J. Gallet
(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.

File No.....
Registered No. 68

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 10 1897
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 0 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. fruit trees
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation. 14 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve Missouri

13. NAME Benjamin Gallet

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve Missouri

15. MAIDEN NAME Sophya Fitzhugh

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve Missouri

17. INFORMANT Wilhelmine Gallet
(ADDRESS) St. Genevieve Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Genevieve Mo DATE Dec 23 36

19. UNDERTAKER Geo. C. Baker
(ADDRESS) St. Genevieve Mo

20. FILED Dec 21, 1936 T. W. Douglas
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20 1936
22. I HEREBY CERTIFY, That I attended deceased from Dec. 15 1936 to Dec 20 1936
I last saw h./M. alive on Dec 20 1936 Death is said to have occurred on the date stated above, at 7:15 A.M.
The principal cause of death and related causes of importance were as follows:
Left Lobar Pneumonia

Date of onset
12-14-36

Other contributory causes of importance:
108
Name of operation NO Date of.....
What test confirmed diagnosis? Clinical 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? NO
If so, specify.....
(Signed) Arthur E. Sawyer M. D.
(Address) St. Genevieve Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MAINTAIN RESERVED FOR BINDING

V. 6 NO. 2
20M-2-19-36
I X7284

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.

