

FEB 25 1937

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

Do not use this space.

1516

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 3014 Flora) St. ? Ward 1

File No. 5008
Registered No. 5008

2. FULL NAME Louis Galatas

(a) Residence, No. 3014 Flora St. ? Ward 1
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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) Jan 10, 1859
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 0 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 262
10. Date deceased last worked at this occupation (month and year) 2
11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madisonville La.

13. NAME Rudolph Galatas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Orleans La.

15. MAIDEN NAME Ophelia Baham

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

17. INFORMANT Seaton A. Galatas
(ADDRESS) 1820 E. 83 Terr.

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hills DATE Jan. 19, 1937

19. UNDERTAKER D.W. Newcomer's Sons
(ADDRESS) Jan 19, 37 m. m. Brown

20. FILED Jan 19, 37 m. m. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1936 to Jan 16, 1937

I last saw him alive on Jan 15, 1937. Death is said to have occurred on the date stated above, at 11/20 P.M.

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

Lobar pneumonia

Other contributory causes of importance Senility

Name of operation _____ Date of _____
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? No
If so, specify _____ (Signed) E. H. Keuter M. D.

(Address) 724 Aggle Bldg.

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.

Dr. Enoch Centry

Argyle Bldg. No 9007

Noon