

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

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.

FEB 23 1937

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

Do not use this space.

1. PLACE OF DEATH  
96 County St. Louis Co. Registration District No. 787  
Township Wesawap Primary Registration District No. 6032  
City Pacific mo. (No. 7)  
2. FULL NAME Joseph W. Gallagher  
(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. 2941  
Registered No. \_\_\_\_\_ St. \_\_\_\_\_ Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>EDNA GALLAGHER</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 24 - 1878</u>		
7. AGE	YEARS <u>59</u>	MONTHS <u>-</u>
	DAYS <u>27</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>Carpenter</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>29</u>	
	10. Date deceased last worked at this occupation (month and year) <u>12 month</u>	
11. Total time (years) spent in this occupation _____		
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>	
	13. NAME <u>James C. Gallagher</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____	
17. INFORMANT <u>Margaret Buffman</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>Calvary Cem</u>	DATE <u>Jan 23 1937</u>
19. UNDERTAKER <u>Culigan Yell Inc</u>		
(ADDRESS) <u>7146 Manchester</u>		
20. FILED <u>Jan 21 1937</u> <u>Musfield</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24 1936 to Jan 19 1937

I last saw him alive on Jan 19 1937 Death is said to have occurred on the date stated above, at 1845 m.

The principal cause of death and related causes of importance were as follows:  
Arteriosclerosis Date of onset 1930

Other contributory causes of importance: Apoplexy

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? None 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 Urgy E. Bartling M. D.  
(Signed) Pacific Mo.  
(Address)

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