

MAR 15 1937

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

Do not use this space.

1. PLACE OF DEATH

2. County Andrew
Township Benton
City..... (No..... St..... Ward)Registration District No. 9Primary Registration District No. GoldFile No. 4823

Registered No.....

2. FULL NAME

Mary E. Galbreath
(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 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) w

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 2 - 18507. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
86 3 158. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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 occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind13. NAME S. S. Beale14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn15. MAIDEN NAME Margrete Walker16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn17. INFORMANT Frank Galbreath
(ADDRESS) Bokehaw mo18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Grove DATE 11-19 193719. UNDERTAKER E. G. Breit
(ADDRESS) Swanwick mo20. FILED Feb 27 1937 W. Wood
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 - 17 193622. I HEREBY CERTIFY, That I attended deceased from Jan 15 1935, to 11 - 17 1936I last saw her alive on 11 - 17 1936 Death is saidto have occurred on the date stated above, at 11:20 A.M.

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

Date of onset

Cerebral Hemorrhage 11-1936

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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) Dr. W. Logan Wood M. D.(Address) Bokehaw mo

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

I 32312

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.

Rosendale mo

