

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.

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

Do not use this space.

1. PLACE OF DEATH
County Calloway Registration District No. 104
Township Fulton, Mo Primary Registration District No. 3008
City Fulton, Mo (No. 4) St. _____ Ward _____

2. FULL NAME Albert Galliff
(a) Residence, No. Marshall, Mo 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. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 5284
Registered No. 42

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1873
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 64 - - -
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver
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 occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

FATHER
13. NAME D.M.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.M.
MOTHER
15. MAIDEN NAME D.K.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

17. INFORMANT State Hospital Records
(ADDRESS) Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Stacy, Mo. DATE 2/16 1937

19. UNDERTAKER Hall Brothers
(ADDRESS) Stacy, Mo

20. FILED Feb 16 1937 R. M. Crews
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 28 1937 to Feb. 15 1937.
I last saw him alive on Feb. 15 1937. Death is said to have occurred on the date stated above, at 2 p.m.

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

1) Chronic myocarditis and myocardial degeneration Date of onset etc.

Other contributory causes of importance:

1) Generalized arterio-sclerosis
2) Senility

Name of operation none 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 none
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) F. A. Barnett, M. D.
(Address) State Hospital # 1
Fulton, Mo.

Handwritten notes on the left margin, possibly including a date or reference number.

Main body of the document containing several columns of text, likely a list or ledger. The text is extremely faint and illegible due to the quality of the scan.