

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

Do not use this space.

JUL 26 1937

1. PLACE OF DEATH

County ST. JOSEPH, Buchanan Registration District No. 86
 Township Washington Primary Registration District No. 5127
 City 2 MI. E. SAXTON (No. 3) St. _____ Ward _____

File No. 23269
 Registered No. 444

2. FULL NAME WALLACE GOLLEDGE,

(a) Residence, No. 804 SOUTH 24TH, St., _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG. 15, 1917

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
19 10 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE
 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) STEWARTSVILLE, MISSOURI

FATHER 13. NAME EARL L. GOLLEDGE

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) STEWARTSVILLE, MISSOURI

MOTHER 15. MAIDEN NAME ADA WORDEN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) STEWARTSVILLE, MISSOURI

17. INFORMANT (ADDRESS) EARL L. GOLLEDGE, FATHER 804 SO. 24, ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE STEWARTSVILLE, MO. DATE JUNE 26, 1937.

19. UNDERTAKER (ADDRESS) FLEEMAN & SON, INC. 1946 COLHOUN ST. ST. JOSEPH, MO.

20. FILED June 26 1937 B. W. Tadlock Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 24 1937 1937

22. I HEREBY CERTIFY, That I attended deceased from June 24th, 1937, to _____, 19____.

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:50 A.M.

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

Accidental drowning in Platte River Date of onset 6/24 1937

No boat involved in swimming

Other contributory causes of importance: none

Name of operation _____ Date of _____

What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/24, 1937

Where did injury occur? Buchanan County, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Accidental drowning

Nature of injury drowning

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

If so, specify _____ (Signed) B. W. Tadlock - Coroner, M. D.

(Address) King Hill Bldg.

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1. PLACE OF DEATH

County Buchanan
Township Washington
City (No. _____) (No. _____) St. _____ Ward _____

Registration District No. 86
Primary Registration District No. 5127

File No. 23269
Registered No. _____

2. FULL NAME Wallace Galledge

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 - 24 1937

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, or _____

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) _____ Total time (years) spent in this occupation _____

accidental drowning in Platte River
No boat -
In swimming

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Other contributory causes of importance: _____

FATHER 13. NAME _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME _____

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. _____

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19____

24. Was disease or injury in any way related to occupation of deceased? _____

19. UNDERTAKER (ADDRESS) _____

If so, specify (Signed) B. W. Tadlock Registrar
(Address) My Hall Bldg

20. FILED Sept 2 1937 B. W. Tadlock Registrar

SUPPLEMENTAL

S-23269