

JUL 31 1937

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

Do not use this space.

87

1. PLACE OF DEATH

County Rolls
Township Salt River
City Perry, Mo (No. 2)

Registration District No. 727
Primary Registration District No. 45959

File No. 24660
Registered No. 1
St. 1 Ward

2. FULL NAME

(a) Residence, No. Perry, Mo St. 1 Ward 1
(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

SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25 1937

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

22. I HEREBY CERTIFY, That I attended deceased from May 1 1937, to June 25 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1 1937

I last saw her alive on June 23 1937 Death is said to have occurred on the date stated above, at 1:00 A.M.

7. AGE YEARS MONTHS DAYS 1 25 IF LESS than 1 day, hrs. or min.

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)
11. Total time (years) spent in this occupation

Spinal Meningitis Date of onset 6-19-37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rolls, County Missouri

Other contributory causes of importance: Spinal Meningitis

13. NAME Lloyd Galloway

Name of operation Spinal Meningitis Date of no.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rolls, County Missouri

What test confirmed diagnosis? Phys. Was there an autopsy? no.

15. MAIDEN NAME Mary Rolland

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rolls, County Missouri

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Lloyd Galloway Perry, Mo.

Manner of injury 1 Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE Mem Chapel DATE 6/25-37

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

19. UNDERTAKER (ADDRESS) Clyde C. Wilkey Perry, Mo.

(Signed) John H. ... M. D.

20. FILED 6/25 1937 Clyde C. Wilkey Registrar

(Address) Perry, Mo.

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.

no Brown Sign