SEP 16 1937

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

Do not use this space.

17

1. PLACE OF DEATH
County Cooper — Registration District No. 134 — File No. 30347
Township Rocky Fork — Primary Registration District No. 5187 — Registered No. 15
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Alvin Lewis Galbrecht
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 16 - 1937
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ridge ~~Rocky Fork~~ Twp Cooper Co Mo

FATHER
13. NAME Lewis Galbrecht
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co Mo

MOTHER
15. MAIDEN NAME Aileen Haynes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo

17. INFORMANT (ADDRESS) Lewis Galbrecht Bosworth Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Hole Cemetery DATE Aug 16 1937
19. UNDERTAKER (ADDRESS) Frank E. Slater Hole Mo
20. FILED Aug 17 1937 Mrs. Bess Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16, 1937
22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1937, to Aug 16, 1937
I last saw him alive on ....., 19..... Death is said to have occurred ~~on the date stated above, at~~ ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Still Born	

Other contributory causes of importance:

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

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. E. W. DeLeyne DO
(Address) Bosworth, 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.