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.

2
1

1. PLACE OF DEATH
County DeKalb. Registration District No. 259 File No. 2599
32 Township Camden. Primary Registration District No. 53 59 B Registered No.
City (No. St. Ward)

2. FULL NAME Mary Gallus. 420
(a) Residence, No. 2½ Mi. S. W. Maysville, Mo. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 23, 1845.

7. AGE: Years 92 | Months 3 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife.
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): Austria. 7

FATHER
13. NAME: Frank Meeka. 7
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria. 7

MOTHER
15. MAIDEN NAME: Caroline Tomanek.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria.

17. INFORMANT (ADDRESS): Chas. Gallus, Maysville, Mo. R. F. D.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olivet - Mo. DATE Jan. 31, 1938
St. Joseph Mo.

19. UNDERTAKER (ADDRESS): U. G. Pilcher, Maysville Mo.

20. FILED 1-31 1938 Ethel H Bauer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January, 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1936 to Jan. 29, 1938
I last saw her alive on January 1938. Death is said to have occurred on the date stated above, at 12:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-nephritis	April '36
Cerebral hemorrhage, right side paralysis	Oct., 16 '37.

Other contributory causes of importance:

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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?
If so, specify
(Signed) Glenn Johnson M. D.
234 (Address) Maryville, Mo.