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.

REC'D JUL 12 1938

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

Do not use this space.

21166

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 2616

City Kansas City (No. Lakeside Hosp St. Ward)

2. FULL NAME Mrs Elizabeth Gallus 420

(a) Residence, No. 618 North Wabash St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): About 1885

7. AGE: YEARS 53 — MONTHS — DAYS Unknown — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Resteraunt Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 39 B

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): No record 9

FATHER

13. NAME: No record 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record 9

MOTHER

15. MAIDEN NAME: No record 9

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record

17. INFORMANT (ADDRESS): Mrs George Overly, 2645 East 7th St

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Marys DATE July 1, 1938

19. UNDERTAKER (ADDRESS): Sheehan Funeral Home, 4316 Troost Ave.

20. FILED June 30, 1938 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 6-22, 1938, to 6-29, 1938

I last saw her alive on 6-29, 1938. Death is said to have occurred on the date stated above, at 9.10 A.M.

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

Date of onset

Acute Myocarditis 6-27
Caused by Toxins from Chronic Bilateral Pyosalpingitis of B. Coli origin 39 B

Other contributory causes of importance:
Pelvis adhesions in masses & Endometritis

Name of operation Pan Hysterectomy Date of 6-23-38

What test confirmed diagnosis? Lab + Clinical 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

Nature of injury

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

If so, specify

(Signed) L. J. Graham 3 M. D.

(Address) Lakeside Hospital