

REC'D SEP 20 1938

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

29090
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398
(b) Township Blue Primary Registration District No. 5554
(c) City Independence (d) Street No. Rte #1 Box 120 Registered No. 208
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Miss Elizabeth Jean Galvin
(a) Residence, No. R.R.#1 Independence, Mo St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 17, 1924</u>		
7. AGE YEARS <u>13</u>	MONTHS <u>11</u>	DAYS <u>17</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Independence, Missouri</u>		
13. NAME <u>Clark Galvin</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wetherington, Missouri</u>		
15. MAIDEN NAME <u>Helen Kluse</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>McComb, Illinois</u>		
17. INFORMANT (ADDRESS) <u>Clark Galvin, R.R.#1 - Independence, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Mary's Cem.</u> DATE <u>Aug 6, 1938</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>George C. Carson, Independence, Mo.</u>		
20. FILED <u>Aug 12, 1938</u> <u>F.L. Clark</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1938, to Aug 4, 1938, last saw her alive on Aug 4, 1938. Death is said to have occurred on the date stated above, at 9 p.m.

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

Subacute Bacterial Endocarditis 7 mos

Myocardial Stenosis 92 mos

Other contributory causes of importance:

Name of operation None Date of None

What test confirmed diagnosis? 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? _____
If so, specify _____
(Signed) J. L. Clark M. D.
360 (Address) Independence, Mo.

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)