

REC'D MAR 13 1939

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

5986

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township 1 Primary Registration District No. 1001 Registered No. 197
(c) City St. Joseph (d) Street No. 5501 Swift Ave. St.
(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 30 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Margaret Gallagher

(a) Residence, No. 5501 Swift Ave. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 2, 1861.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 6 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ottumwa Iowa.

FATHER 13. NAME David Barry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

MOTHER 15. MAIDEN NAME Ann Fitzgerald

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

17. INFORMANT Charles Gallagher
(ADDRESS) 5501 Swift Ave. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cent'
PLACE St. Joseph, Mo. DATE Mar. 2, 1939

19. FUNERAL DIRECTOR (NAME) H.O. Sidenfaden & Son
(ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED Mar. 1, 1939 H.J. Nestlebach
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 27, 1939

22. I HEREBY CERTIFY that I attended deceased from Feb. 25, 1939 to Feb. 27, 1939
or Feb. 26, 1939. Death is said to have occurred on the date stated above, at 1:30 PM
I last saw her alive on Feb. 26, 1939

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

Broncho pneumonia Feb 27/39
Influenza Feb 23/39
Old myocarditis

Other contributory causes of importance:

Name of operation None Date of no
What test confirmed diagnosis? None 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 no

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) Frank H. Sidenfaden M. D.
(Address) 1802 Union Str. St. Joseph, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Elbert E. Harrington

, or by

Registered Apprentice No., working under my personal supervision.

Signed Elbert E. Harrington

Licensed Embalmer No. 3258

P. O. Address 1802 Union Str. St. Jos

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.)

If this body is not embalmed, above space should be left blank.