

1939 APR 11

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

Do not use this space.

1. PLACE OF DEATH

County Stolt 2 Registration District No. 371
Township Clay Primary Registration District No. 5517
City Maitland No. _____ St. _____ Ward _____

File No. 10978
Registered No. 41

2. FULL NAME

John Gallagher

(a) Residence, No. _____ St. _____ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 4-1848
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
91 1 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Joliet, Ill.

13. NAME Michael Gallagher

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

15. MAIDEN NAME Sarah Hall

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

17. INFORMANT (ADDRESS) Nellie Gallagher
Maitland, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maitland R.P. DATE Mar. 4 1939

19. UNDERTAKER (ADDRESS) Campbell Funeral Home
Maitland, Mo.

20. FILED Mar. 4 1939 Thos. B. Stout
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1939, to March 2, 1939
I last saw him alive on March 1, 1939. Death is said to have occurred on the date stated above, at 10:15 a.m.

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

Influenza
Bronchial Pneumonia
Date of onset _____
Other contributory causes of importance: enlarged prostate
uremic poisoning

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) J. C. Manning, M. D.
Skidmore (Address)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

100-1-20-38
1 X7044

PLATE 100

Dist. of the ...

... 29-252

... 1933