

SEP 6 1939

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

29217
Do not use this space.

1. PLACE OF DEATH
 (a) County Trundy 2 Registration District No. 328
 (b) Township Trenton 1 Primary Registration District No. 3017 Registered No. _____
 (c) City Trenton (d) Street No. _____ 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Janet Louise Gallatin
 (a) Residence, No. 1111 normal st. 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 baby
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF baby Stillborn
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26, 1939
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, 0 hrs. or min. 0 0 0
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 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 _____
 FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Trundy County, Mo
wright Memorial Hospital
 13. NAME Vernon Gallatin
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Livingston County, Mo
 MOTHER 15. MAIDEN NAME Delores Ellis
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Neuma, Iowa
 17. INFORMANT Mrs Margaret Tapscott
 (ADDRESS) Trenton, Mo
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Masonic Cemetery DATE May 27, 1939
 19. FUNERAL DIRECTOR (NAME) Hemley Funeral Home
 (ADDRESS) Trenton, Mo
 20. FILED 5-27-39 J. H. Law
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26th 1939
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Stillborn
 Date of onset _____
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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? No
 If so, specify Clay & Doff _____, M. D.
 (Signed) _____ (Address) Trenton, Mo
300

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.

RECEIVED

District Health Officer No. 11,

District File Number

939-1092

Date Filed

AUG 29 1939

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, _____

_____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.