

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.

JUL 16 1936

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

Do not use this space.

21967

1. PLACE OF DEATH

County Boone

Registration District No. 72

File No.

Township Centralia

Primary Registration District No. 4091

Registered No. 72

City Centralia

(No.       )

St.

Ward

2. FULL NAME

Bertha Estell Gallup

(a) Residence, No.

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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 24th 1911</u>		
7. AGE	YEARS <u>25</u>	MONTHS <u>0</u>
	DAYS <u>8</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
	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) <u>Centralia Mo</u>		
FATHER	13. NAME <u>Earl S Gritton</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monroe Co. Mo.</u>	
	15. MAIDEN NAME <u>Myrtle F Jones</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monroe Co Mo</u>	
MOTHER	17. INFORMANT (ADDRESS) <u>E. S. Gritton Centralia Mo</u>	
	18. BURIAL, CREMATION, OR REMOVAL <u>Centralia Mo by June 4th 1936</u>	
19. UNDERTAKER (ADDRESS) <u>Centralia Mo McDonald</u>		
20. FILED <u>6/3</u> 19 <u>36</u> <u>J. H. Hickerson</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2nd 1936

22. I HEREBY CERTIFY That I attended deceased from May 10, 1936 to June 2, 1936

I last saw him alive on June 2, 1936 Death is said to have occurred on the date stated above, at 8:10 a.m.

The principal cause of death and related causes of importance were as follows:  
perforated Acillary thrombosis  
of B. Staphylococcus aureus  
Empysem.

Date of onset May 17

Other contributory causes of importance:  
mitral stenosis

Date Dec 35

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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) A. H. Garrison D.  
(Address) Centralia, Mo

