

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.

JUN 17 1936

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

Do not use this space.

1. PLACE OF DEATH

County BooneRegistration District No. 72Township CentraliaPrimary Registration District No. 4041City Centralia (No.)File No. 48240Registered No. 19St. Ward 2. FULL NAME Hazel Janett Gallip(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10, 19367. AGE YEARS 0 MONTHS 0 DAYS 0 If LESS than 1 day, 2 hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Premature Birth9. 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) Centralia Mo13. NAME Mitchell Gallip14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andraire Co., Mo.15. MAIDEN NAME Bertha Lytton16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centralia Mo.17. INFORMANT (ADDRESS) Mitchell Gallip18. BURIAL, CREMATION, OR REMOVAL Centralia Mo DATE May 10, 193619. UNDERTAKER (ADDRESS) W. J. McDonald20. FILED 5/10 1936 J. J. Hickerson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10 193622. I HEREBY CERTIFY, That I attended deceased from 2 A.M. May 10, 1936 to 5 A.M. May 10, 1936I last saw her alive on May 10, 1936 Death is saidto have occurred on the date stated above, at 5 A.M.

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

Premature Birth Date of onset Other contributory causes of importance 15Name 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? noIf so, specify (Signed) A. L. Garrison, M.D.(Address) Centralia, Mo.

