

REC'D MAR 17 1938

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

Do not use this space.

1. PLACE OF DEATH

County Henry
Township Davis
City Ladues (No. _____) St. _____ Ward _____

Registration District No. 355
Primary Registration District No. 5497

File No. 6876
Registered No. 3

2. FULL NAME

Ellen Jones Galloway Dempree 160
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. D. Dempree

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6, 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
80 80 11 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife

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) Auburn
(STATE OR COUNTRY) Kentucky

13. NAME Marshall D. Galloway

14. BIRTHPLACE (CITY OR TOWN) Wine Co. Kentucky
(STATE OR COUNTRY)

15. MAIDEN NAME Cyrena Noel

16. BIRTHPLACE (CITY OR TOWN) Wine Co. Kentucky
(STATE OR COUNTRY)

17. INFORMANT Mrs. Evnie Browning
(ADDRESS) Mountain

18. BURIAL, CREMATION, OR REMOVAL PLACE Traps Chapel DATE 2/13 1938

19. UNDERTAKER Lemont & Son
(ADDRESS)

20. FILED 2-14 1938 W. E. Baggerly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1938 to Feb 11, 1938

I last saw her alive on Feb 11, 1938 Death is said to have occurred on the date stated above, at 8:15 P.M.

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

Chronic Cardiac-renal disease Date of onset unknown

45B2 -

Other contributory causes of importance:

Broncho-pneumonia Feb 1/38

Name of operation none Date of _____
What test confirmed diagnosis? clinical 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) S. B. Hughes M. D.
C. Ant

(Address) 217

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.

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