

JAN 20 1938

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

Do not use this space.

1. PLACE OF DEATH

County Montgomery
Township Sumner
City (No. _____) _____ (Ward _____)

Registration District No. 374
Primary Registration District No. 5572A

File No. 46092
Registered No. _____

2. FULL NAME

William Raymond Galliber

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-23-1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31 1877

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1936 to 12-23-1937
last saw him alive on 12-23-1937 Death is said

7. AGE YEARS 52 MONTHS 3 DAY 22 If LESS than 1 day, _____ hrs. or _____ min.

to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

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

acute myo. Carditis Date of onset 1937

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, months, and days) spent in this occupation life

Other contributory causes of importance: Influenza - Bad March 1936
arterio Sclerosis April 1931

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vergennes Vermont

13. NAME Patrick Galliber

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

15. MAIDEN NAME Margaret Snider

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wilmington Vermont

17. INFORMANT Thos Galliber

18. BURIAL CREMATION, OR REMOVAL Interment

19. UNDERTAKER C. Albert Humbert

20. FILED Dec 31 1937 Wm Abbie Oriskany Registrar

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) Wm Meredith M. D.

(Address) Franklin Ave

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.

