

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

Do not use this space.

1. PLACE OF DEATH

County St. Francois
Township St. Francois
City Lead River (No. _____) St. _____ Ward _____

Registration District No. _____

Primary Registration District No. _____

File No. 29231

Registered No. _____

2. FULL NAME George Gallagher

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 72

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead mines 10. Date deceased last worked at this occupation (month and year) 1-9-18 11. Total time (years) spent in this occupation. 20 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reynolds County

MOTHER 13. NAME John George Gallagher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME " "

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

17. INFORMANT (ADDRESS) Son - Josh Gallagher

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Ann's Woodlawn Cemetery DATE Aug 23 1931

19. UNDERTAKER (ADDRESS) Alvin W. Hoop

20. FILED Aug 31 1931 W. J. Bryan Registrar.

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 21, 1931

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1931, to Aug 21, 1931. I last saw him alive on Aug 21, 1931. Death is said to have occurred on the date stated above, at 6 a.m.

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

Chronic Articular Rheumatism Date of onset 1901
Chronic Myocarditis 1926
Endocarditis, chronic 1920
Eczema Squamosum 1928

Other contributory causes of importance: Senility

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? No.
If so, specify _____

(Signed) E. C. Rotzbach, M. D.
(Address) Lead River Mo

