NOV 2 1927

524

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

Do not use this space.

30708

1. PLACE OF DEATH
County Jasper — Registration District No. 411 — File No.
Township ~~Sheffield~~ — Primary Registration District No. 2002 — Registered No. 493
City Joplin (No. 1 St Johns St. Ward)

2. FULL NAME Charlie Gallagher
(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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) no Record
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF no Record
6. DATE OF BIRTH (MONTH, DAY AND YEAR) no Record
7. AGE about 60 YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED Laborer
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record
PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)
14. INFORMANT Jim Chew (Address) Joplin Mo
15. FILED 10/18 1927 A Benson, Clark REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 18 1927
17. I HEREBY CERTIFY, That I attended deceased from Oct 1 1927, to Oct 18 1927, that I last saw him alive on 10-28-1927, and that death occurred, on the date stated above, at 12 30 m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial
131 Nephritis
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 129 a
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J Albert Chenoweth, M.D.
10/18 1927 (Address) Joplin Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Fairview — DATE OF BURIAL 10/19 1927
20. UNDERTAKER Hurlew Thrd Co — ADDRESS Joplin Mo

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.

PERMANENT RECORD