

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

Do not use this space.

36947

1. PLACE OF DEATH

County Jackson
Township New
City Kansas City

Registration District No. 399
Primary Registration District No. 1007

File No. 4770
Registered No. 114 Broadway (Ward)

2. FULL NAME

Nimrod Elijah Galloway

(a) Residence. No. Brunswick Hotel St. 15 Ward 5
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 1 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mrs Rebecca Galloway deceased Oct 30 1925

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 22 - 1850

7. AGE: YEARS 77 MONTHS 2 DAYS 26 IF LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Traveling Salesman
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Near Blue Bell Ohio (STATE OR COUNTRY)

10. NAME OF FATHER Nimrod Elijah Galloway

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Jane Johnson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio (STATE OR COUNTRY)

14. INFORMANT N.S. Galloway (Address) 1160 Mulvane St. Gopseka

15. FILED 12/18 19 27 M. M. Croene REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 18th 1927

17. I HEREBY CERTIFY, That I attended deceased Nov 27 19 27, to Dec 17 19 27 that I last saw him alive on Dec 16 19 27, and that death occurred, on the date stated above, at 3A m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cerebral Hemorrhage

CONTRIBUTORY (SECONDARY) Senility (duration) ____ yrs. ____ mos. ____ da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination

(Signed) Calvin A. Beard M. D.

(Address) 532 Adams Bldg

*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 Tobeka Kansas DATE OF BURIAL Dec 19 1927

20. UNDERTAKER Cyber Funeral Home 1800 Luivord ADDRESS

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1927
1897

30