

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

Do not use this space.

40379

1. PLACE OF DEATH

County Platte
Township.....
City Dearborn (No.)

Registration District No. 692
Primary Registration District No. 4414

File No.....
Registered No.....
St. Ward)

2. FULL NAME

George H. Galbreath

^a(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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 6 - 19 30

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

17. I HEREBY CERTIFY, That I attended deceased from Aug. 12 1930 to Dec 6 1930 that I last saw alive on Dec 3 1930, and that death occurred, on the date stated above, at 2 30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

myocarditis
930

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 10 - 1848

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
82 3 26

CONTRIBUTORY (SECONDARY) Doubt know (duration) 1 yrs. 6 mos. X ds.

8. OCCUPATION OF DECEASED

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

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH

9. BIRTHPLACE (CITY OR TOWN) De Kalb
(STATE OR COUNTRY) Missouri

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

10. NAME OF FATHER William Galbreath

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH

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

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

12. MAIDEN NAME OF MOTHER Winnie Sturgeon

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH

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

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH

14. INFORMANT Charles Galbreath
(Address) Dearborn Mo.

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH

15. FILED Dec 7 1930 M. W. Moore REGISTRAR

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH

*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 Dearborn cemetery Dec-7- 19 30 DATE OF BURIAL

20. UNDERTAKER Lucian Davis Dearborn Mo ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important.

