

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.

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

Do not use this space.

4696

1. PLACE OF DEATH

County.....Buchanan..... Registration District No.....85
Township..... Primary Registration District No.....1001
City.....St. Joseph..... (No. Missouri Methodist Hospital..... St. Ward)

File No.....
Registered No.....218

2. FULL NAME.....John Patrick Gallagher.....

(a) Residence. No. 5501 Swift Ave. 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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 1 1897

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
33 2 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....Plumber 73
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Ottumwa
(STATE OR COUNTRY) Iowa

10. NAME OF FATHER Charles Gallagher
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Iowa
12. MAIDEN NAME OF MOTHER Margaret Barry
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Iowa

14. INFORMANT.....Chas. Gallagher
(Address) 5501 Swift Ave., -St. Joseph Mo.

15. FILED FEB 27 1931 John R. Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 26^m 19 31

17. I HEREBY CERTIFY, That I viewed remains
I ~~attended deceased from~~
....., 19....., to....., 19.....
that I last saw h..... alive on....., 19....., and that
death occurred, on the date stated above, at..... 12:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Injuries in Auto crash near Rushville, Deceased and driver were drunk, Car did not collide with another car. Fractured skull
(duration)..... yrs..... mos..... ds.

CONTRIBUTORY (SECONDARY) none
2:10 P. M. (duration)..... yrs..... mos..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS History
(Signed) B. W. Tadesek Coroner, M. D.
Feb. 26 31 (Address) 621 Francis

*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 Mt. Olivet Cemetery
DATE OF BURIAL Feb. 28 19 31

20. UNDERTAKER J. O. Siden Laden
ADDRESS 1802. Union St.

