

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.

APR 28 1932

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

Do not use this space.

9414

1. PLACE OF DEATH  
73 County Newton Registration District No. 609  
Township Neosho Primary Registration District No. 5808  
City (No. ) St. Ward

File No. 33  
Registered No. \_\_\_\_\_

2. FULL NAME John W. GALEY  
(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

3. SEX <u>MALE</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Kora Galey</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 9 1885</u>				
7. AGE	YEARS <u>46</u>	MONTHS <u>11</u>	DAYS <u>18</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)			
11. Total time (years) spent in this occupation				
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
	13. NAME <u>Joseph Galey</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>			
	15. MAIDEN NAME <u>Kora Renfro</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
	17. INFORMANT <u>Kora Galey</u> (ADDRESS) <u>Neosho Mo</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>F.O.S. Cemetery</u> DATE <u>3-19 1932</u>				
19. UNDERTAKER <u>Bisbarric</u> (ADDRESS) <u>Neosho Mo</u>				
20. FILED <u>3/20 1932</u> <u>W. E. Mauser</u> <u>By</u>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17 1932

22. I HEREBY CERTIFY, That I attended deceased from May 15 1931 to March 17 1932  
I last saw him alive on March 17 1932 Death is said to have occurred on the date stated above, at 130A m.  
The principal cause of death and related causes of importance were as follows:  
Chronic Valvular heart disease Date of onset 1928  
92A  
Other contributory causes of importance:  
2 92A  
No D

Name of operation No Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No 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?  
If so, specify Chronic valvular  
(Signed) Neosho Mo, M. D.  
(Address) Neosho Mo

