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.
26104

**1. PLACE OF DEATH**

County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 3007
City Kansas City (No. St. Joseph Hospital St. Ward)

**2. FULL NAME** Charles E. Galligan

(a) Residence, No. New Orleans La. 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. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15th. 1893

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 39 | | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 136
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky. 2

FATHER

13. NAME Jas. T. Galligan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~###~~ Ind.

MOTHER

15. MAIDEN NAME Mary Donahoe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Jos. P. Galligan 5156 Brookwood Rd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE Aug. 4th. 1932

19. UNDERTAKER (ADDRESS) W. F. Mayberry City

20. FILED Aug 3, 1932 M. M. Crowe Asst Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 2nd. 1932

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19 , to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 8.10 P.m.
The principal cause of death and related causes of importance were as follows:

Accidental Automobile Traumatism 210 M
K.C. Mo

Date of onset

Other contributory causes of importance:
Two Cars Collided 201

210 (9)

Name of operation Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? 7

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 8/2, 1932
Where did injury occur? K.C. Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ~~Two Cars Collided~~
Nature of injury Multiple Fractures

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Stanley M. Hall, M. D.
(Address) Greenwood