

REC'D JUN 13 1939

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

18295

Do not use this space.

1. PLACE OF DEATH

(a) County Carter Registration District No. 143
 (b) Township Carter Primary Registration District No. 5205
 (c) City Van Buren Mo. (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Robert Galbrith

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10-1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 6 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Laborer
 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) Carter Co. Mo.13. NAME Joe Galbrith14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME Sarah House16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carter co. Mo.17. INFORMANT Hernal Hunter
(ADDRESS) Van Buren Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Van Buren DATE 5-31 3919. FUNERAL DIRECTOR (NAME) Croy-Leuckel
(ADDRESS) Van Buren Mo.20. FILED May 31, 1939
Martson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30-39 19

22. I HEREBY CERTIFY, That I attended deceased from March 3rd, 1939, to May 30th, 1939
 I last saw him alive on May 29th, 1939. Death is said to have occurred on the date stated above, at 2:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Chronic Interstitial Ne-
 phritis

Date of onset

Other contributory causes of importance: 131

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ 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? no

If so, specify: _____
 (Signed) J. N. Cotton, M. D.
Van Buren, Mo. (Address)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by 5-30-

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Philip A. Leuchter

Licensed Embalmer No. 2936

P. O. Address Von Bienen

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.