

ED AUG 23 1940
S. No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **26524**

Registration District No. 580

Primary Registration District No. 4533

Registrar's No. 101

08
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Walker
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days (Specify whether _____)

3. (a) PRINT FULL NAME ISAAC MILTON GALBRAITH

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Luretta Galbraith 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased July-11-1857
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>11</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace Deshler Penn
(City, town, or county) (State or foreign country)

10. Usual occupation MINISTER

11. Industry or business

12. Name John H Galbraith

13. Birthplace Penn
(City, town, or county) (State or foreign country)

14. Maiden name Rachel Van Schoye

15. Birthplace Penn
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Luretta Galbraith
(b) Address Walker Missouri

17. (a) Burial (b) Date thereof July-5-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Swiss-Siders
(b) Address 2102 S. Grand St. St. Louis

19. (a) 7/3/40 (b) C. B. Davis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County VERNON

(c) City or town WALKER
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 year 1940 hour 8 minute A.M.

21. I hereby certify that I attended the deceased from Mar 10 1940 to July 9 1940 that I last saw him alive on July 9 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Arterio Sclerosis

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death) C. B. Davis

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 7:00 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature C. B. Davis (M. D. or other) 1

Address Walker Mo Date signed _____

Duration
5 mo
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 8-40-1210

Date filed 8-14-40

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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.