

FILED SEP 16 1940

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

28250
Do not use this space.

1. PLACE OF DEATH
(a) County Christian Registration District No. 186
(b) Township Sparta, Mo. Primary Registration District No. 4111
(c) City Sparta, Mo. (d) Street No. 5 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 Warren Galloway
(a) Residence, No. 1150 Christian Co., Sparta, Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 24, 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90 10 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
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) Uniontown Ohio

FATHER 13. NAME James R. Galloway

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) W. W. Galloway Rogersville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Gravelly Valley DATE Aug. 1, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Halley and Ferrell Rogersville Mo.

20. FILED 8-26 1940 Josephine Morritt Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31, 1940

22. I HEREBY CERTIFY, that I attended deceased from July - 3, 1940, to July - 13, 1940. I last saw him alive on July 13, 1940. Death is said to have occurred on the date stated above, at 3:30 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebrovascular stroke, cerebral arteriosclerosis

Other contributory causes of importance: Age

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?

If so, specify

(Signed) R. Wayne H. Wilson, M. D.

(Address) Sparta, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 940-2606

Date Filed SEP 03 1949

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 E. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Reynolds St

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

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