

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.

Registration District No. **1118**

Primary Registration District No. **4266**

Registrar's No.

1. PLACE OF DEATH:
 (a) County Laclede
 (b) City or town Conway
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community Always
 years, months or days _____

3. (a) PRINT FULL NAME William Washington Galton
3. (b) If veteran, name war World War
3. (c) Social Security No. _____

4. Sex M **5. Color or race** W
6. (a) Single, wid, ved, married, divorced Single
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if** _____
 alive _____ years
7. Birth date of deceased June 5 1889
 (Month) (Day) (Year)

8. AGE: Years 51 Months 3 Days 16 If less than one day
 hr. _____ min. _____

9. Birthplace Wright County Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Frisco, Signal Maintenance

11. Industry or business _____
MOTHER FATHER
12. Name James Anderson Galton
18. Birthplace Wright county
 (City, town, or county) (State or foreign country)
14. Maiden name Emily Maribel Webb
15. Birthplace Wright county
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Emily Galton
(b) Address Conway Mo. R. 1

17. (a) Burial _____ **(b) Date thereof** 9-23-40
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Brainhart Cem.

18. (a) Signature of funeral director Palmer
(b) Address Lebanon Missouri
19. (a) 11-8 **(b)** Grace Price
 (Date received local registrar) (1940) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Laclede
 (c) City or town Conway
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21
 year 1940 hour 12 P.M. minute _____ M.
21. I hereby certify that I attended the deceased from 3-10
 _____, 1940, to 9-21-, 1940
 that I last saw him alive on 9-21, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Valvular Heart Disease Duration 1 yr.
 Due to Syphilis 22
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____
23. Signature J. C. Beverage (M. D. or other) _____
 Address Conway Mo. Date signed 9-21-40

RECEIVED

District Health Officer No. 7,

District File Number 11-40-1589

Date Filed 11-12-40

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.....

W. Palmer

Licensed Embalmer No. 1161

P. O. Address Lebanon Mo

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35682
Registrar's No. _____

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 448

Primary Registration District No. 4266

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

1. PLACE OF DEATH:

(a) County. Laclede
(b) City or town. Conway
(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)

3. (a) PRINT FULL NAME Wm Wash. Calton
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced 3
6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year
7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 57 Months 3 Days 16 If less than one day hr. _____ min. _____

9. Birthplace. Wright Co (City, town, or county) _____ (State or foreign country)

10. Usual occupation. R.R. switchman

11. Industry or business _____

MOTHER FATHER

12. Name. James Andrew Calton

13. Birthplace. Wright Co (City, town, county) _____ (State or foreign country)

14. Maiden name. Emily Manial Webb

15. Birthplace. Wright Co (City, town, or county) _____ (State or foreign country)

16. (a) Informant. Bonny Calton

(b) Address. Conroy mo

17. (a) _____ (b) Date thereof. 9-23-40
(Burial, cremation, or removal) _____ (Month) _____ (Day) _____ (Year)

(c) Place: burial or cremation. Bronnhall cem

18. (a) Signature of funeral director. Palmer undertaker

(b) Address. Lebanon mo

19. (a) 11-9 (b) Grace Price
(Date received local registrar) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. mo (b) County. Laclede
(c) City or town. Conway
(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.

20. DATE OF DEATH. Month Sept day 21
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 9-20 1940, to 9-21 1940
that I last saw him alive on 9-21 1940
and that death occurred on the date and hour stated above.

Immediate cause of death. Valvular Heart Disease Duration 1 yr

Due to Syphilis duration 2 1/2 yr

Due to _____

Other conditions. _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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

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? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature J. C. Benage (M. D. or other) _____
Address Conroy mo Date signed _____

