

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

Do not use this space.

26893

1. PLACE OF DEATH

County Barny Registration District No. 30
Township Cappelen Primary Registration District No. 5041
City (No.) St. Ward

File No.
Registered No. 66
St. Ward

2. FULL NAME

Kate Galkoski
(a) Residence No. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 30 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 3 24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House work.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

10. NAME OF FATHER Aug Strick

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Poland

12. MAIDEN NAME OF MOTHER Katie Spanski

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Poland

14. INFORMANT (Address) Frank Galkoski, Pricefield mo

15. FILED 8-31-29 W. M. West REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 24 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1929, to Aug. 12, 1929, that I last saw him alive on Aug. 12 1929 and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH WAS AS FOLLOWS: Heart Insufficiency

CONTRIBUTORY (SECONDARY) POW (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED (duration) yrs. mos. ds.

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS (Signed) E. B. Wright, M. D.
, 19 (Address) Des Moines City, Iowa

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Pricefield mo Aug 26 1929

20. UNDERTAKER ADDRESS
Wm. J. Farrell & Co. Price city mo.

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.

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