

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

Do not use this space.

21442

1. PLACE OF DEATH

County Pettis
Township Sedalia
City Sedalia

Registration District No. 660⁹
Primary Registration District No. 3032
Bothwell Hosp.

File No. 206
Registered No. 668
St. _____ Ward)

2. FULL NAME

(a) Residence, No. Jefferson mo. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Andrew Bestgen</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2/2/1861</u>		
7. AGE	YEARS	MONTHS
	<u>73</u>	<u>4</u>
		DAYS
		<u>16</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	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) <u>St. Charles mo.</u>		
FATHER	13. NAME <u>Emmanuel Galland</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Angela Ränge</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Angela Kates Sedalia mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE <u>Jefferson</u> DATE <u>6-20-</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>L. G. Drubhoff Sedalia mo.</u>		
20. FILED <u>6-18-</u> 19 <u>34</u> <u>Green Slack</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18 1934

22. I HEREBY CERTIFY, That I attended deceased from June 11 1934, to June 18 1934
I last saw her alive on June 18 1934 Death is said to have occurred on the date stated above, at 2:50 pm.
The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis
Date of onset unknown

Other contributory causes of importance
94.6
94.6

Name of operation _____ Date of _____
What test confirmed diagnosis? Symptom Was there an autopsy? no

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) J. G. Love, M. D.
(Address) Sedalia 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.

DUL 5-1934

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS IS A PERMANENT RECORD

