1. PLACE OF DEATH

STATE OF MICHIGAN
Department of Health—Division of Vital Statistics

County of WAYNE

58241347

Transcript of CERTIFICATE OF DEATH—Local Register

City of DETROIT

Registered No. 7525

(No. Gratiot & Hamburgh Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME. Charles W. Gallagher

(a) Residence No. 1221 Holcomb St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 52 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): Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (Month, day and year): Unk

7 AGE Years	Months	Days	If LESS than 1 day.....hrs. OR.....min.
52			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Inspector
(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): Detroit

PARENTS

10 NAME OF FATHER: John Gallagher

11 BIRTHPLACE OF FATHER (city or town) (state or country): Ireland

12 MAIDEN NAME OF MOTHER: Elizabeth Murphy

13 BIRTHPLACE OF MOTHER (city or town) (state or country): Ireland

14 Informant: Catherine Gallagher
(Address) 1221 Holcomb

15 Filed JUN 24 1924 192.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 6 23 1924

17 I HEREBY CERTIFY, That I attended deceased from ...., 192.... to ...., 192....

that I last saw h... alive on ...., 192... and

that death occurred on the date stated above at ....m.

The CAUSE OF DEATH* was as follows: 90

Mitral Insufficiency

...........(duration)......yrs.......mos.......ds.

CONTRIBUTORY (Secondary)

...........(duration)......yrs.......mos.......ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death?......... Date of.........

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. Holtracker M. D.

6 24 1924 Address Coroner E.C.

*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: Mt. Elliott

Date of Burial: 6 26 1924

20 UNDERTAKER: T. McDoherty Co. City

Address