

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

PLACE OF DEATH
County St. Clair
Township Roscoe
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 766 File No. 2501
Primary Registration District No. 6011 Registered No. 2

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Mildred Garver

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)
DATE OF BIRTH Jan 6, 1913
(Month) (Day) (Year)
AGE _____ If LESS than 1 day, _____ hrs. or _____ min.?
_____ yrs. _____ mos. 8 ds.

OCCUPATION
(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE
(City or town, State or foreign country) St. Clair Mo.

PARENTS
NAME OF FATHER Walter Garver
BIRTHPLACE OF FATHER Kear
(City or town, State or foreign country)
MAIDEN NAME OF MOTHER Elizbeth Henderson
BIRTHPLACE OF MOTHER Dixon Mo.
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Walter Garver
(ADDRESS) Roscoe Mo.

Filed Jan 20, 1913 C. S. [Signature]

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 15, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 6, 1913, to Jan 6, 1913, that I last saw her alive on Jan 16, 1913 and that death occurred, on the date stated above, at 5 p.m.

THE CAUSE OF DEATH* was as follows:
Operation for cancer of the
uterus
1577
3.5 hrs. (Duration) _____ yrs. _____ mos.

Contributory Vaginitis
(SECONDARY) (Duration) _____ yrs. _____ mos.

(Signed) J. P. [Signature]
Jan 16, 1913 (Address) Roscoe Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted If not at place of death?
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Roscoe care DATE OF BURIAL Jan 19, 1913
UNDERTAKER Bornet & Pomeroy ADDRESS Roscoe

CAUSE OF DEATH should be stated EXACTLY. PHYSICIAN should be properly classified. Exact statement of OCCUPATION

