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

Do not use this space.

11945

34 1928

1. PLACE OF DEATH

County Stoddard — Registration District No. 838 — File No.

Township Liberty — Primary Registration District No. 6098 B — Registered No. 16

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Lois Garner

(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: Female

4. COLOR OR RACE: white

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) Jan 13 – 1917

7. AGE: 11 YEARS — MONTHS: 2 — DAYS: 16 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: School child

(b) General nature of industry, business, or establishment in which employed (or employer): study

(c) Name of employer: —

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Stoddard Co. Mo

PARENTS

10. NAME OF FATHER: J J Garner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Stoddard Co Mo

12. MAIDEN NAME OF MOTHER: Thelma L Fields

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Stoddard Co Mo

14. INFORMANT (Address): J J Garner Dexter

15. FILED 3/27 1928 F. LaRue REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 26 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 26, 1928, to Mar 26, 1928 that I last saw her alive on Mar 26, 1928 and that death occurred, on the date stated above, at 6 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

11B 11B 91A

Acute Endocarditis

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY): Influenza

(duration) ..... yrs. ..... mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? at home

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical

(Signed) W C Dickman, M. D

, 19 (Address) Dexter Mo

*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: Dock Dawley Cemet — DATE OF BURIAL: 3/28 1928

20. UNDERTAKER: C O Biggs — ADDRESS: Dexter 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.