

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

Do not use this space.

16229

1. PLACE OF DEATH

County Buchanan
Township.....
City St. Joseph (No.....)

Registration District No. 85
Primary Registration District No. 1001

File No.....
Registered No. 621
St..... Ward)

2. FULL NAME Harriatt Garver

(a) Residence No. 28 E. Hyde Park Av. St. Ward.
(Usual place of abode)
Place 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Daniel Garver		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 6, 1845x1845		
7. AGE	YEARS	MONTHS
	82	7
		5
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Housewife (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) New York		
10. NAME OF FATHER Unknown		
11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) Unknown		
12. MAIDEN NAME OF MOTHER Unknown		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) Unknown		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **May 11, 1928** 19
17.
I HEREBY CERTIFY, That I attended deceased from May 11....., 1928..... to May 11....., 1928.....
that I last saw her..... alive on May 11....., 1928....., and that death occurred, on the date stated above, at 2:30 p...... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

93c Acute dilatation of
95 B the heart
..... (duration)..... yrs. mos. ds.
about 4 hours

CONTRIBUTORY (SECONDARY) Chronic Myocarditis
Unknown (duration)..... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) William A. Robertson, M. D.
May 12, 1928 (Address) 6210 1/2 King Hill Ave St Joseph 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.

14. INFORMANT Laura Garver
Address 28 E. Hyde Park Ave.
15. FILED 14 1928
John G. Clark REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL
Wyona Minnesota
DATE OF BURIAL
May 14, 1928
20. UNDERTAKER
Fred W. Clark.
ADDRESS
5025 King Hill Ave.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUL 1928

1928



1. 76

1. 76