34 1928

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.

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

Do not use this space.

85

19942

1. PLACE OF DEATH
County Buchanan — Registration District No. 1001 — File No.
Township — Primary Registration District No. — Registered No. 734
City St. Joseph, (No. 1805 Prospect Avenue, St. Ward)

2. FULL NAME Henry Clay Girard,
(a) Residence. No. 1805 Prospect Avenue St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 68 yrs. 8 mos. 5 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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 Sarah J. Gira rd,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 3rd. 1859.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
68	8	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Clerk, 97 130
(b) General nature of industry, business, or establishment in which employed (or employer) Probate Court, 102
(c) Name of employer Buchanan Co., Mo.

9. BIRTHPLACE (CITY OR TOWN) Saint Joseph,
(STATE OR COUNTRY) Missouri,

PARENTS
10. NAME OF FATHER John B. Girard,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Three Rivers,
(STATE OR COUNTRY) Canada,
12. MAIDEN NAME OF MOTHER Mary R. Dufrain,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cairo,
(STATE OR COUNTRY) Illinois,

14. INFORMANT Mrs. Sarah J. Girard
(Address) 1805 Prospect Avenue.

15. FILED JUN 11 1928 19 John G. Uk REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 8th 1928

17. I HEREBY CERTIFY, That I attended deceased from April 4th, 1928, to June 8, 1928 that I last saw him alive on June 8 1 p, 1928, and that death occurred, on the date stated above, at 1 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Nephritis
(duration) yrs. 1 mos. 26 ds.
CONTRIBUTORY (SECONDARY) High Blood Pressure acute
Arterio Sclerosis (duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) S. D. Senor, M. D
June 8, 1928 (Address) Rock Island Bldg 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mount Auburn Cemetery
DATE OF BURIAL: June 11, 1928

20. UNDERTAKER: Heaton Bergole & Bowman by J. W. Karle
ADDRESS: 319 S. 10 St. Funeral Home