JAN 21 1929

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

Do not use this space.

39604

1. PLACE OF DEATH

County Buchanan — Registration District No. 86 — File No.

Township Wayne, — Primary Registration District No. 5128 — Registered No. 90

City — (No. 1/2 Mile So. of Halls, Mo. St. Ward)

2. FULL NAME Willis Garton,

(a) Residence. No. St., Ward. Harlan, Iowa,
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 23, 1914

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	14	7	17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student,

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Harlan, Iowa,
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Willis L. Garton,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Wayne County, Iowa,
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Barbara Carmichael

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Harlan, Iowa,
(STATE OR COUNTRY)

14. INFORMANT Willis L. Garton
(Address) Harlan, Iowa.

15. FILED Dec 13, 1928 J. J. Bauskach REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 10 1928

17. I HEREBY CERTIFY, That I ~~attended deceased from~~ Viewed body, 19, to, 19, that I last saw h. alive on, 19, and that death occurred, on the date stated above, at 1 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fractured Skull, by Auto Accident
Garton was found dead on Victory Highway
2/0 M (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1880 (duration) yrs. mos. ds.

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

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) B. W. Tadlock Coroner, M. D.
12/12 1928 (Address) 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	DATE OF BURIAL
Harlan Iowa,	Dec. 13, 1928
20. UNDERTAKER	**ADDRESS**
Heaton - B. Gale & Bowman by J. H. Earle	319 S. 10 St. General Home

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.

WHITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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