

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.

1650

## 1. PLACE OF DEATH

County SacksonRegistration District No. 390Township 4.00Primary Registration District No. 100City St. LouisFile No. 241Registered No. 241St. Word

## 2. FULL NAME

(a) Residence. No. 1427 ESt. 4Ward. 4

(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

Male

## 4. COLOR OR RACE

negro

## 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

## 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Single

## 6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Feb 1 1907

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.281112

## 8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

Porter

## 9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Festus Mo

## 10. NAME OF FATHER

William Garner

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Festus Mo

## 12. MAIDEN NAME OF MOTHER

Manda Kelly

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Festus Mo

## 14.

INFORMANT

(Address)

Manda Garner  
1427 E. 18 St

## 15.

FILED

1-17 1989m. m. m.aprilREGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-13-1929

## 17.

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

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Homicide Firearm  
173  
(duration) yrs. mos. ds.

## CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

## 18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF yesWAS THERE AN AUTOPSY? yesWHAT TEST CONFIRMED DIAGNOSIS? autopsy(Signed) to(Address) Deputy Coroner

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

Blue Ridge, Ga.1-16 1929

## 20. UNDERTAKER

## ADDRESS

J. W. Fichter1709 Vine

10-11-12