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

Do not use this space.

2333

EB 2 1929

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1. PLACE OF DEATH

County Linn — Registration District No. 500 — File No.

Township Jefferson — Primary Registration District No. 4303 — Registered No. 3

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

2. FULL NAME Mrs Mary Elizabeth Garside

(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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Herman E. Garside

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 7. 1872

7. AGE: Years 56 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House keeping

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

(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Granville
(STATE OR COUNTRY): Ill

PARENTS

10. NAME OF FATHER: John Quandt

11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Germany

12. MAIDEN NAME OF MOTHER: Helen Weber

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Germany

14. INFORMANT: Raymond Garside
(Address): LaClede Mo.

15. FILED ....., 19..... F. W. Burke
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 5 1929

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1929, to Jan 5, 1929, that I last saw her alive on Jan 5, 1929, and that death occurred, on the date stated above, at 10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pulmonary Tuberculosis

23 B

Several years (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

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

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

DID AN OPERATION PRECEDE DEATH? no DATE OF +

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Symptoms

(Signed) F. W. Burke, M. D

1/6, 1929 (Address) LaClede 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: LaClede Cemetery — DATE OF BURIAL: Jan. 8 1929

20. UNDERTAKER: W. G. Thorne — ADDRESS: LaClede, 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.