36

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

Do not use this space.

10193

MAR 21 1929

1. PLACE OF DEATH
County Franklin — Registration District No. 292 — File No.
Township Boeuf — Primary Registration District No. 5410 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Joseph Garbs Jr.
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 1-1929

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ✓ hrs. or ..... min.
✓	✓	3	

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

9. BIRTHPLACE (CITY OR TOWN) Berger
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Jos Garbs
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Berger Mo
12. MAIDEN NAME OF MOTHER NEE Bruens
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Hengann Mo

14. INFORMANT Joe. Garbs.
(Address) Berger Mo

15. FILED 3/4, 1929. A J Sheble REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch - 4 1929

17. I HEREBY CERTIFY, That I attended deceased from Mch 3, 1929, to Mch 4, 1929, that I last saw him alive on Mch 3, 1929, and that death occurred, on the date stated above, at 2 30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Premature Birth

159 / 161 (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... 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) E E Evans, M. D

3/4, 1929 (Address) Berger 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: Evang St Johns Berger
DATE OF BURIAL: 3/4 1929

20. UNDERTAKER: Herman Blumer
ADDRESS: Berger 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.