AUG 22 1929

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

Do not use this space.

23832

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 820

City St Joseph (No. Mo Meth Hosp St. Ward)

2. FULL NAME Joseph Garner

(a) Residence. No. St., Ward. Robinson Kans
(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	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) Mar 2I I9I0

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
I9	3	14 ~~15~~	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Brown Co
(STATE OR COUNTRY) Kansas

PARENTS

10. NAME OF FATHER L. W. Garner

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

12. MAIDEN NAME OF MOTHER Lee

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

14. INFORMANT L. W. Garner
(Address) Robinson Kans

15. FILED JUL 8 - 1929 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from June 18, 1928, to July 5, 1929 that I last saw him alive on July 5, 1929, and that death occurred, on the date stated above, at 8 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septic Thrombosis of Pelvic vein. following acute gangrenous perforated appendicitis

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (SECONDARY) Acute gangrenous Perforated appendicitis (duration) yrs. mos. 17 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Robinson Ks

DID AN OPERATION PRECEDE DEATH? Yes DATE OF June 18 - 29

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? operation

(Signed) H K Wallace, M. D.

7/6, 1929 (Address) 301 N 8 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
Robinson Kan	7/ 8 1929

20. UNDERTAKER	ADDRESS
Fleeman Funeral Home Inc	1946 Colhoun

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.