

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

Do not use this space.

38211

23 1929  
94

1. PLACE OF DEATH  
 County St. Francois Registration District No. 775 File No. \_\_\_\_\_  
 Township Beary Primary Registration District No. 6020 Registered No. 87  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Ellen Garbeburgh  
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 20 1929

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

17. I HEREBY CERTIFY That I attended deceased from Jan. 15 1928, to November 20 1929 that I last saw her alive on Nov. 13 1929, and that death occurred, on the date stated above, at 11-25 A.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 7 1862  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77 | 3 | 13

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of liver and stomach.  
 (duration) 1 yrs. 10 mos. 5 da.

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work none  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

CONTRIBUTORY (SECONDARY) None  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

9. BIRTHPLACE (CITY OR TOWN) Washington Co. Mo.  
 (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED St. Home  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

10. NAME OF FATHER Natal Bouchard

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No.

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

WHAT TEST CONFIRMED DIAGNOSIS Examination  
 (Signed) Lee Suley, M. D.  
11-21 1929 (Address) Bonneton

12. MAIDEN NAME OF MOTHER Unknown

\*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.

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

14. INFORMANT Samuel Garbeburgh  
 (Address) Bonneton Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bonneton cemetery DATE OF BURIAL 11-22 1929

15. FILED 11/21 1929 T. A. Son  
 REGISTRAR

20. UNDERTAKER P. A. Benham ADDRESS Bonneton

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state amount of HAZARD EXACTLY.

262  
31

