

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

Do not use this space.

3907

1. PLACE OF DEATH

County *Adair*
Township *Wilson*
City (No. _____) _____

Registration District No. *3*
Primary Registration District No. *5004*

File No. _____
Registered No. _____
St. _____ Ward) _____

2. FULL NAME

(a) Residence No. _____ St. _____ Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

Jane G. Garlock

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F.* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Widow*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *A. J. Garlock*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Aug 6" 1840*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<i>89</i>	<i>6</i>	<i>11</i>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Housewife*
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) *Ohio*

10. NAME OF FATHER *John G. Kelly*

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

12. MAIDEN NAME OF MOTHER *Susan Barnes*

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

14. INFORMANT *J. G. Garlock*

(Address) *J. Gibbs, sec.*

15. *July 18 1930* FILED *W. C. Duff* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Feb. 17" 1930*

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him alive on *Aug 24*, 19____, and that death occurred, on the date stated above, at _____ P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

*Extreme Age,
No particular disease
162*

CONTRIBUTORY (SECONDARY)

164

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) *H. M. Hucopfer*, M. D.

718, 1930 (Address) *Brookers - 7200.*

*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

Prairie Bend

DATE OF BURIAL

719 1930

20. UNDERTAKER

F. P. Easley

ADDRESS

Brookers

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.

2350
2

1930
 24
 1930

