

27 1930

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

5369

1. PLACE OF DEATH  
County Jasper  
Township Patena  
City Joplin (No. ....)  
2. FULL NAME Taylor C Garrard  
(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode) Royal Heights  
Length of residence in city or town where death occurred yrs. .... mos. .... ds. ....

Registration District No. 4.11  
Primary Registration District No. 2002  
File No. ....  
Registered No. 73  
St. .... Ward) ....  
(If nonresident, give city or town and State)  
How long in U. S., if of foreign birth? yrs. .... mos. .... ds. ....

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M  
4. COLOR OR RACE W  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (writes the word) Married  
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Ruth Garrard  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 11, 1894  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
36 1 ==  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Auto  
(b) General nature of industry, business, or establishment in which employed (or employer) Tourmer  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mo.  
(STATE OR COUNTRY)  
10. NAME OF FATHER John G. Garrard  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.  
(STATE OR COUNTRY)  
12. NAME OF MOTHER Harriet Adams  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.  
(STATE OR COUNTRY)

14. INFORMANT Ruth Garrard  
(Address) Joplin  
15. FILED 2/13 1930 W. Benson Clark  
REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-11-30  
17. I HEREBY CERTIFY, That I attended deceased from 2-12-30 to 2-12-30, 1930, that I last saw live on 2-12-30 and that death occurred, on the date stated above, at 3-45 P.M.

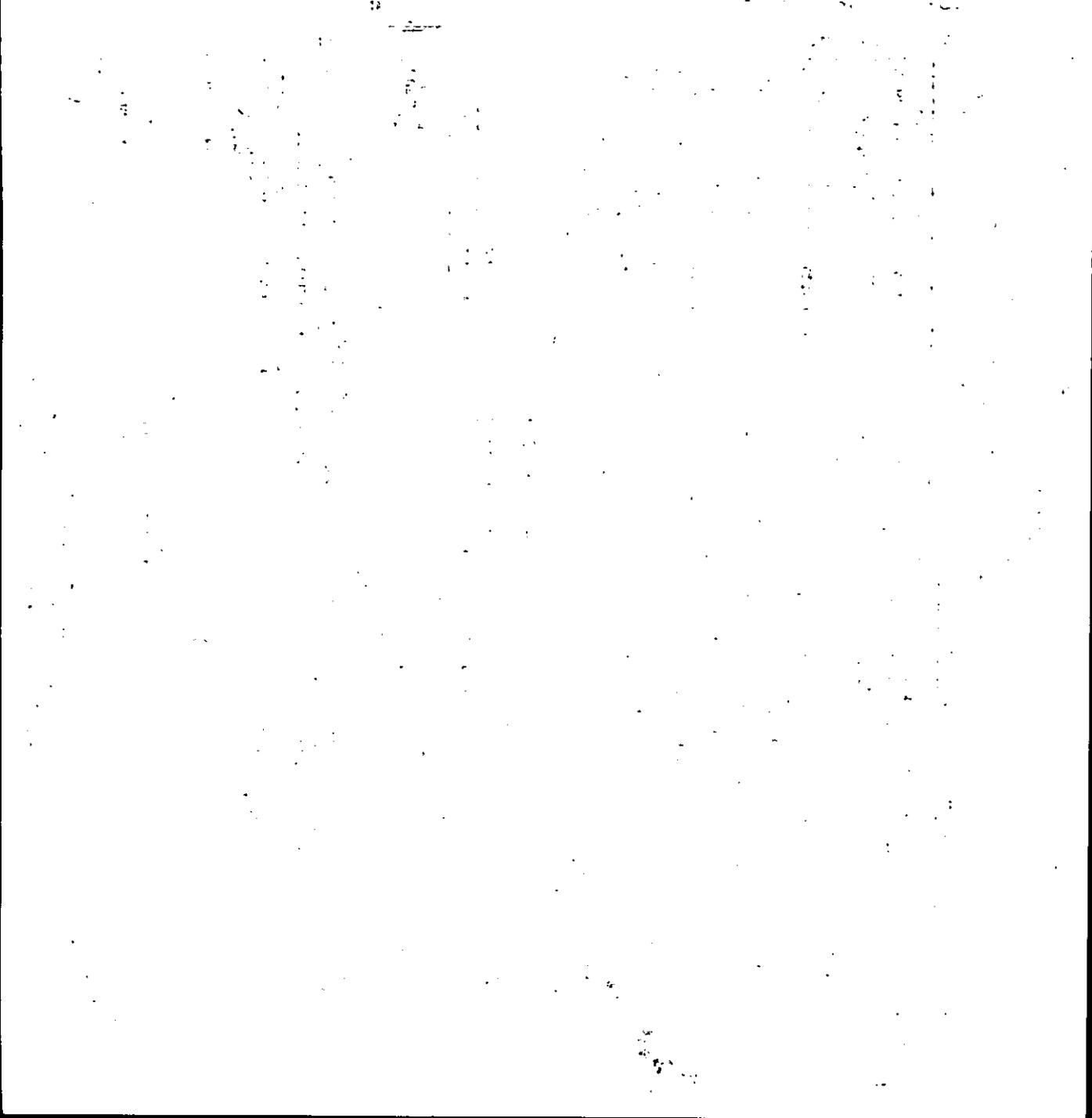
THE CAUSE OF DEATH WAS AS FOLLOWS:  
fractured skull - Automobile accident  
2:10 AM (duration) .... yrs. .... mos. .... ds. 2

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) Wm. Sumner M. D.  
2-12-30 (Address) Coroner Joplin

\*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 Forest Park  
DATE OF BURIAL 2-13-30  
20. UNDERTAKER W. Benson Clark  
ADDRESS Joplin Mo



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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH.**

County Jasper Registration District No. 411 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 2002 Registered No. 53  
 City Joplin (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Taylor C. Gouvard  
 (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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**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) \_\_\_\_\_  
 (STATE OR COUNTRY)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address) \_\_\_\_\_

15. FILED 1/21 30 Ramon Clark REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 11 1930

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_ that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Fractured Skull  
automobile accident  
Joplin-Jasper Co  
Mo. (duration) \_\_\_\_\_ yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1880 (duration) \_\_\_\_\_ yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? 200

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
 (Signed) \_\_\_\_\_, M. D.  
 \_\_\_\_\_, 19\_\_\_\_ (Address)

\*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 \_\_\_\_\_ 19\_\_\_\_

20. UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_

COMPLETE AS PRESCRIBED BY LAW

STRIPS SHALL NOT RECEIVE A FEE FOR CERTIFICATES U. S.

SUPPLEMENTARY

5-5369