23 1930
7

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

Do not use this space.

7646

1. PLACE OF DEATH
County Bates
Township Mt Pleasant
City ?
Registration District No. 50
Primary Registration District No. 5074
File No. 13
Registered No.
(No. ..... St. ..... Ward)

2. FULL NAME Minor C Garard.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	widowed.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 17th 1851

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	79.	1	2	

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) Waynesburg
(STATE OR COUNTRY) Penn.

PARENTS
10. NAME OF FATHER George W Garard.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Waynesburg
(STATE OR COUNTRY) Penn
12. MAIDEN NAME OF MOTHER Frances Minor
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Penn.

14. INFORMANT Charley Garard
(Address) Butler Mo.

15. FILED 3/18 1930 Nina L Culver
REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 19th 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 10th, 1930, to Mar 19th, 1930 that I last saw him alive on Mar 19, 1930, and that death occurred, on the date stated above, at 3 a.m. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Endocarditis

91B
11B
(duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (SECONDARY) 90A
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at home
DID AN OPERATION PRECEDE DEATH? yes DATE OF Mar 2 1930
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination
(Signed) T J Halsey, M. D.
3/19. 1930 (Address) Butler 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
Elwaston Illinois.	March 20 1930
20. UNDERTAKER	ADDRESS
Culvers	Butler Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

ated by check marks, lacking from the death certificate: 13

Name: Minor C. Garard

Who died at: Bates County on Mar. 19. 1930.

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years ____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Endocarditis

Contributory: Influenza

Where was disease contracted? Had Nasal Polypi removed

Did operation precede death? 8 mo time yes Date of left but had nothing to do with the Endocarditis

Was there an autopsy? _____ What test confirmed diagnosis? _____

Name of physician: T. J. Halsey

Address of physician:

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