SEP 22 1930

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

Do not use this space.

25990

1. PLACE OF DEATH
County Buchanan
Township Washington
City St. Joseph. R#7 (No. ..... St. ..... Ward)

Registration District No. 86
Primary Registration District No. 5127

File No. .....
Registered No. 68

2. FULL NAME Malinda Catherine Garwood.

(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 15 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)
Female	White	Widow.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 10, 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	76	9	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife 131
(b) General nature of industry, business, or establishment in which employed (or employer) 130
(c) Name of employer 97

9. BIRTHPLACE (CITY OR TOWN) Sheffield Ill.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Levi Stevens.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germantown, Ohio.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary A. Williams,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown Illinois.
(STATE OR COUNTRY)

14. INFORMANT Mrs. Bertha Kline.
(Address) St. Joseph, Mo.

15. FILED Aug 23, 1930 J. J. Bansbach REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 22 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1930, to Aug 22, 1930 that I last saw her alive on Aug 16, 1930 and that death occurred, on the date stated above, at 5:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Brights, chronic myocarditis and General arteriosclerosis
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Senility
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at home
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) John J. Tucker D.
Aug 22 1930 (Address) 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 King Hill Cemetery
DATE OF BURIAL August 25, 1930

20. UNDERTAKER Fred D Clark
ADDRESS 5025 King Hill ave St Joe

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.