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.

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

Do not use this space.

39215

JAN 19 1931

1. PLACE OF DEATH
County Holt
Township
City Oregon (No. ..... St. ..... Ward)

Registration District No. 373
Primary Registration District No. 4219

File No.
Registered No. 18

2. FULL NAME Dora Garner

(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 7 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF D. H. Garner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 26-1872

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
58	9	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer) " "
(c) Name of employer self.

9. BIRTHPLACE (CITY OR TOWN) Neal Rulo
(STATE OR COUNTRY) Nebr.

PARENTS
10. NAME OF FATHER Port Bond
11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
(STATE OR COUNTRY)

14. INFORMANT Mrs Geo Sipes
(Address) Oregon mo.

15. FILED 12-13, 1930 Mrs F. Chandler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

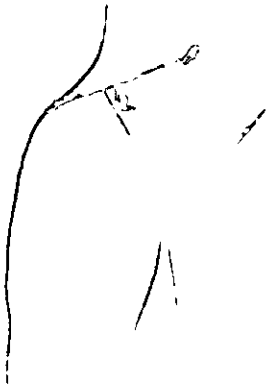
17. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1930, to Dec 11, 1930 that I last saw her alive on Dec 11, 1930, and that death occurred, on the date stated above, at 3:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Labor Pneumonia
108
99 A
(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) aortic insufficiency
(duration) ..... yrs. ..... mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at place of death
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? not any
WHAT TEST CONFIRMED DIAGNOSIS? not any
(Signed) E. F. Kearney, M. D.
, 19 (Address) Oregon 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: Oregon mo.
DATE OF BURIAL: Dec 13 1930

20. UNDERTAKER: Lester Pethjohn
ADDRESS: Oregon mo