

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

Do not use this space.

20310

1. PLACE OF DEATH

County Cass
Township Archie
City Archie (No.)

Registration District No. 147
Primary Registration District No. 4081

File No.
Registered No. 10
St. Ward)

2. FULL NAME Lewis H. Garland

(a) Residence. No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 20 1931

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

17. I HEREBY CERTIFY, That I attended deceased from June 19 1931 to June 20 1931 that I last saw him alive on June 19 1931, and that death occurred, on the date stated above, at 5 A. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 13, 1849
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
82 7

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paralysis (Creeping)
81 A
131

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

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis
(duration) 5 yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren County, Ind

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

10. NAME OF FATHER John Garland

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

12. MAIDEN NAME OF MOTHER Sarah Jones

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

(Signed) B. B. Lent, M. D.
6/21 1931 (Address) Archie, Mo

14. INFORMANT Maudie M. Garland
(Address) Archie 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.

15. FILED 6/21 1931 Dr. B. B. Lent REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Crescent Hill Cem DATE OF BURIAL 6/22 1931

20. UNDERTAKER Atkinson & Easter ADDRESS Archie Mo.

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

JUL 23 1931

