

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

Do not use this space.

27731

1. PLACE OF DEATH

County Cass Registration District No. 151
 Township Creston Primary Registration District No. 2085
 City Dixiel Mo (No. _____) St. _____ Ward _____

2. FULL NAME

Lilysses Grant Garner
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Caroline Garner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb - 21st 1869</u>		
7. AGE	YEARS <u>62</u>	MONTHS <u>5</u>
	DAYS <u>19</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Concrete and General Labor.</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wisconsin</u>		
FATHER	13. NAME <u>Daniel Garner</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Sorrick</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>	
17. INFORMANT (ADDRESS) <u>Mrs. B. Kerr Archie - Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sharon Cem</u> DATE <u>Aug - 17 1931</u>		
19. UNDERTAKER (ADDRESS) <u>J. B. Hays Dixiel Mo</u>		
20. FILED <u>Aug - 10 1931</u> <u>J. John Bandy</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10 - 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 7th 1931, to Aug 9th 1931.
 I last saw him alive on Aug 9th 1931. Death is said to have occurred on the date stated above, at 24 m.
 The principal cause of death and related causes of importance were as follows:
Interstitial Nephritis
Myocardial Infarction
131
999
 Other contributory causes of importance:
Arterio-sclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) T. E. Phoebe, M. D.
 (Address) Parola Kansas

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.

