

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

Do not use this space.

33918

1. PLACE OF DEATH

County Clay
Township J.P. Morgan
City Excelsior Springs (No. _____)

Registration District No. 198
Primary Registration District No. 3011

File No. _____
Registered No. 135
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Ruth Teegarden Ward. Excelsior Springs
(Usual place of abode)

Excelsior Mo
(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

MEDICAL CERTIFICATE OF DEATH

SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Max Teegarden</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 30-1931</u>		
7. AGE	YEARS <u>23</u>	MONTHS <u>0</u>
	DAYS <u>23</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>House wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	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>Excelsior Springs Mo</u>		
FATHER	13. NAME <u>Henry Teegarden</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
MOTHER	15. MAIDEN NAME <u>Fannie</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT (ADDRESS) <u>Max Teegarden Excelsior Springs Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Polo Mo</u> DATE <u>Oct 24 1931</u>		
19. UNDERTAKER (ADDRESS) <u>J. M. Wood Excelsior Springs Mo</u>		
20. FILED <u>Oct 23 1931</u> <u>Y. D. Craven</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 23 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:
Abortion

Date of onset _____

Other contributory causes of importance: none

Caused by her self or proximate means.

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) W. L. Myron Corcoran M. P.
(Address) County Mo Liberty Mo

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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Clay Registration District No. 198 File No. _____
 Township Walsior Spgs Primary Registration District No. 3011 Registered No. 153-
 City Lee Garden (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Lee Garden 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. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 30 1938

7. AGE YEARS MONTHS DAYS IF LESS than 1 day hrs. or min.
23 — 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 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) Linma Mo
Ray Co Mo

13. NAME Henry Zeeles

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Fannie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Max Lee Garden
 (ADDRESS) Lee Garden

18. BURIAL, CREMATION, OR REMOVAL Lee Mo
 PLACE DATE Oct 24 31

19. UNDERTAKER J. M. Woods
 (ADDRESS)

20. FILED Dec 31 1931 J. D. Craven
 Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28 1951

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____
 I last saw h. alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Abortion
 Date of onset _____
 Other contributory causes of importance: none
Caused by her self or her own means

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) W. S. Mylong Coroner, M. D.
 (Address) Clay County - Liberty Mo

IFICATES UNTIL THEY ARE COMPLETE AS P
 PARTS SHALL NOT REC

SUPPLEMENTARY

S-33918