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.

NOV 28 1931

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

Do not use this space.

35637

1. PLACE OF DEATH
County St Louis — Registration District No. 1123 — File No.
Township Ocean Delet — Primary Registration District No. 6248 — Registered No. 386
City (No. R 6 Webster Groves St. Ward)

2. FULL NAME Jackson L. Garber
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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: male
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: Mary E. Garber

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 17th 1841

7. AGE: YEARS 90 — MONTHS 9 — DAYS 5 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: self.
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): Bellville Ohio

FATHER
13. NAME: Samuel Garber
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER
15. MAIDEN NAME: Certhmie Leedy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Harley DeGarber, R6 Webster Groves Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Park Hill Cem DATE: Oct 24 1931

19. UNDERTAKER (ADDRESS): C. Hoffmeister U&E, 2814 So Broadway

20. FILED: Oct. 23, 1931 L. C. Obrock, Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1921, to Oct 22, 1931
I last saw him alive on Oct 22, 1931. Death is said to have occurred on the date stated above, at 7 10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1921
93C	
97	
93C	
Other contributory causes of importance:	
arteriosclerosis	1917

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

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) Andrew Youngman, M. D.
(Address) Sappington Mo