

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

Do not use this space.

File No. **1701**  
Registered No. **12**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**  
59 County Licking Registration District No. 508  
Township \_\_\_\_\_ Primary Registration District No. 3026  
1 City Chillicothe (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Infant Daughter of Mr & Mrs Claude Garbrough  
(a) Residence. No. 1709 - Calhoun St. Ward 1  
(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. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Single  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** \_\_\_\_\_  
**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Jan. 26, 32  
**7. AGE** YEARS MONTHS DAYS Eight Hours If LESS than 1 day, hrs. or min.  
**8. OCCUPATION OF DECEASED**  
(a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Chillicothe, Mo

**10. NAME OF FATHER** Claude Garbrough  
**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** Davis Co Mo  
**12. MAIDEN NAME OF MOTHER** Hazel Campbell  
**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** Grisco Mo

**14. INFORMANT** Claude Garbrough  
(Address) Chillicothe, Mo

**15. FILED** 1/26 1932 R. Barney  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Jan. 26 1932

**17. I HEREBY CERTIFY, That I attended deceased from** Jan 25  
1932 to Jan 26 1932  
that I last saw her alive on Jan 25 1932 and that death occurred, on the date stated above, at 4 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Premature Birth at 6 months

159 159 (duration) yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)**  
(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**  
IF NOT AT PLACE OF DEATH. ①

**DID AN OPERATION PRECEDE DEATH?** no DATE OF \_\_\_\_\_

**WAS THERE AN AUTOPSY?** no

**WHAT TEST CONFIRMED DIAGNOSIS?**  
(Signed) Emerson M. D.

\*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** Edge wood Cem **DATE OF BURIAL** 1-26-1932

**20. UNDERTAKER** James D. London **ADDRESS** Chillicothe Mo

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.

FEB 26 1932

