

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.

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

Do not use this space.

9661

## 1. PLACE OF DEATH

85 County Saline  
Township Allen  
City Near Waynesville (No. ....)

Registration District No. 713  
Primary Registration District No. 5942

File No. ....  
Registered No. ....  
St. .... Ward)

## 2. FULL NAME

Amanda Melvina Garmack  
(a) Residence, No. Near Waynesville, Mo. Ward. ....  
(Usual place of abode) adult (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

|   |                                  |   |
|---|----------------------------------|---|
| 3. SEX<br><u>Female</u>   | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)<br><u>Widow</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED<br>HUSBAND OF (OR) WIFE OF <u>Wm M. Garmack</u>                            |                                  |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>Jan. 20-1855</u>  |                                  |   |
| 7. AGE<br><u>77</u>   | YEARS<br><u>1</u>                | MONTHS<br><u>26</u>   |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Horsewife</u> |                                  | 11. Total time (years) spent in this occupation                           |
| 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)   |                                  |   |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Tenn.</u>  |                                  |   |
| 13. NAME<br><u>Jess Hallenman</u>   |                                  |   |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Unknown</u>  |                                  |   |
| 15. MAIDEN NAME<br><u>Julia Poirey</u>  |                                  |   |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Unknown</u>  |                                  |   |
| 17. INFORMANT<br>(ADDRESS)<br><u>Mrs. H. Wagner</u>   |                                  |   |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>Crocker</u> DATE <u>3/18/32</u>                                   |                                  |   |
| 19. UNDERTAKER<br>(ADDRESS)<br><u>J. L. Hooper &amp; Son</u><br><u>Crocker</u>                                  |                                  |   |
| 20. FILED <u>3/19</u> 19 <u>32</u> <u>C. G. Talbot</u><br>Registrar   |                                  |   |

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1928 to Mar. 16, 1932  
I last saw him alive on Mar. 16, 1932 Death is said to have occurred on the date stated above, at 12:45 p.m.  
The principal cause of death and related causes of importance were as follows:  
Pneumonia, branching Date of onset Mar. 8, 1932  
23  
107  
23  
Other contributory causes of importance:  
Tuberculosis, pulmonary, chronic  
Name of operation none Date of 0  
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? 0 Date of injury 0, 19...  
Where did injury occur? 0 (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 0  
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify 0  
(Signed) C. Mallett, M. D.  
(Address) Crocker, Mo.

