

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.

1. PLACE OF DEATH

County Jackson

Township Kaw

City Kansas City, Mo. (No. 200 East 30th St.)

Registration District No. 399

Primary Registration District No. 1002

St. 200 East 30th St.

File No. 16148

Registered No. 1941

St. 1941 Ward

2. FULL NAME Charles W. Garman

(a) Residence, No. 200 East 30th St. St. 2 Ward.

(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 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 Belle M. Garman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 18, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
79 2 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stair Builder

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) Iowa

13. NAME William Garman

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

15. MAIDEN NAME Nancy Ann Robb

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

17. INFORMANT Mrs. A. E. Lund,
(ADDRESS) 200 East 30th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood Cem. DATE May 16, 32

19. UNDERTAKER R. V. Lindsey & Sons, Inc
(ADDRESS) K. C. Mo.

20. FILED 5/13 1932 M. M. Crowe
Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1930, to May 13, 1932.
I last saw h. alive on May 13, 1932. Death is said to have occurred on the date stated above, at 6 AM. m.

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

Date of onset

13/1932
Myocardia Pectoris May 12, 1932

Other contributory causes of importance: 13/

Ch. Intestinal Myofibrils 1929

9 Name of operation — Date of —

What test confirmed diagnosis? none 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? no

If so, specify

(Signed) Fred M. Huger M. D.

(Address) 510 Professional Bldg

