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.

18408

1. PLACE OF DEATH
102 County Shelby
Township Jackson
City (No. , St. Ward)

Registration District No. 828
Primary Registration District No. ~~1501~~ 6040

File No.
Registered No.

2. FULL NAME John S. Garner

(a) Residence, No. 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. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male.
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE~~ OF Ella C. Garner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18-1862

7. AGE YEARS 69 MONTHS 11 DAYS 26 If LESS than 1 day, hrs. or min.

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

FATHER
13. NAME Thomas Garner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Elizabeth Clark
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) V. V. Garner Frankford Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE 300 Fleming DATE May 16th 1932

19. UNDERTAKER (ADDRESS) Grover J. Swan Hunnewell Mo

20. FILED May 15th 1932 Dr. A. T. White Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14th, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 26th, 1932, to May 14th, 1932

I last saw him alive on May 14th 40, 1932. Death is said to have occurred on the date stated above, at 10 P m.

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

Cardiac Asthma & Dropsy — Date of onset ? several years.

95 B

95 B

Other contributory causes of importance:
Heart trouble several years, Flu, 3 years ago.

Name of operation None Date of —
What test confirmed diagnosis? Clinical 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) Dr. A. T. White, M. D.
(Address) Hunnewell, Mo.