

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

Do not use this space.

28626

1. PLACE OF DEATH

12 County Butler Registration District No. 925-
Township Ash Hill Primary Registration District No. 3734C
City..... (No....., St..... Ward)

File No.....
Registered No. 90

2. FULL NAME

Unmarried
(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 <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 30 - 1932</u>				
7. AGE	YEARS	MONTHS	DAYS	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.			
	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) <u>Fisk Mo 1</u>				
FATHER	13. NAME <u>Arthur Francis Gard</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>near Carni Ill 2</u>			
MOTHER	15. MAIDEN NAME <u>Ida Belle Beight</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>near Asherbylle Mo 1</u>			
17. INFORMANT <u>A. F. Gard</u> (ADDRESS) <u>Fisk Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>at home</u> DATE <u>Sept 30 1932</u>				
19. UNDERTAKER <u>Arthur Katt</u> (ADDRESS) <u>Fisk</u>				
20. FILED <u>Oct 10 1932</u> <u>Aloya Parker</u> Registrar				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 30 1932

22. I HEREBY CERTIFY, That I attended deceased from at birth 1932, 19.....
I last saw her alive on Sept 30, 1932 Death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:
Strangulated cord Date of onset
160 B
158 160 B
Other contributory causes of importance:
Hydranion

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) P. F. Tarpley, M. D.
(Address) Fisk

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.

OGT 24 1932

