

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

Do not use this space.

Dr Long
30011

1. PLACE OF DEATH
 County *Pettis* Registration District No. *668*
 Township *Seabalia* Primary Registration District No. *3032*
 City *Seabalia* (No. *1619* So *Lamm*) St. _____ Ward _____
 2. FULL NAME *Jesse D. Garst*
 (a) Residence, No. *1619 So Lamm* St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred *8* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *w* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Fannie L Garst*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 5 1881*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 3 28
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Auto Salesman*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *172*
 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) *Jill 2*
 MOTHER 13. NAME *J. D. Garst*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tenn*
 15. MAIDEN NAME *Martha Mitchell*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo 1*
 17. INFORMANT *Fannie L Garst*
 (ADDRESS) *Seabalia Mo*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Seabalia Mo* DATE *9-5* 1932
 19. UNDERTAKER *Gillette's Fun Home*
 (ADDRESS) *Seabalia Mo*
 20. FILED *9-5* 1932 *J. D. Love* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept. 3* 19 *32*
 22. I HEREBY CERTIFY, that I attended deceased from *Tenn. 1* 19 *32* to *Sept 3* 19 *32*
 I last saw him alive on *Sept 3* 19 *32* Death is said to have occurred on the date stated above, at *7:30* a.m.
 The principal cause of death and related causes of importance were as follows:
Myelogenous carcinoma 1931
72A
 Other contributory causes of importance: *None*
 Name of operation *None* Date of _____
 What test confirmed diagnosis? *Laboratory* Was there an autopsy? *yes*
 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) *W. B. Long*, M. D.
 (Address) *Seabalia, Mo.*

WRITE PLAINLY, WITH UNIFORMITY. THIS IS A PERMANENT RECORD

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.

SEP 9 1932

V. S. No. 2

