

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

Do not use this space.

34675

1. PLACE OF  
County Worth Registration District No. 29  
Township Waverly Primary Registration District No. 5049  
City Cape Fair (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Jessie May 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 Female 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 Chas H Garner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 14 1910

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>22</u>	<u>1</u>	<u>13</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 23

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) Cape Fair, Missouri

MOTHER FATHER

13. NAME Lawrence M. Conner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monett, Missouri

15. MAIDEN NAME Sarah Foster

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monett, Missouri

17. INFORMANT (ADDRESS) Chas H Garner, Cape Fair, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cape Fair DATE Nov 14 1932

19. UNDERTAKER (ADDRESS) Horris Culver

20. FILED Jan 1 1933 Mrs. H. R. Williams Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1932, to Nov 14, 1932

I last saw her alive on Nov. 10, 1932 Death is said to have occurred on the date stated above, at 3:30 A. M.

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

<u>Tuberculosis</u>	Date of onset
<u>Pyosalpinx</u>	<u>?</u>
<u>23A</u>	<u>?</u>
<u>137B</u>	
<u>23</u>	

Other contributory causes of importance: (3)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

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?) \_\_\_\_\_ 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) E. M. Daniel

(Address) Cassville, Mo

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.

JAN 21 1933

Was this a puerperal case? **no**

Was the Tuberculosis of the lungs or of some other parts?  
Lungs

order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

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Name: Jessie May Garner

Who died at Barry county on Nov 14, 1932  
(City) (County) (Date)

Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Sex \_\_\_\_\_ Color or race \_\_\_\_\_ Single, married, widowed or divorced: \_\_\_\_\_

Age of birth \_\_\_\_\_ Age: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Occupation: (a) Trade, profession, or particular kind of work done, as \_\_\_\_\_  
miner, Sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

When last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_

Place of birth (State or Country) \_\_\_\_\_

Place of father (State or Country) \_\_\_\_\_

Place of mother (State or Country) \_\_\_\_\_

Principal cause of death: Tuberculosis  
Lungs Pyosalpinx

Other contributory causes of importance \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 \_\_\_\_\_

