

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

Do not use this space.

35255

1. PLACE OF DEATH
 32 County DeKalb Registration District No. 5364
 Township Rock Primary Registration District No. 262
 City Rock City (No. _____) St. _____ Ward _____
 2. FULL NAME Milton Clarence Garner
 (a) Residence, No. King City R. B. #2 Ward. _____
 (Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 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 Bertie M. Garner
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV 22 1884
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 72 11 30
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
 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) Nov 15 1932 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
 13. NAME Wallard O. Garner
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.
 15. MAIDEN NAME Emily Dockstader
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas
 17. INFORMANT (ADDRESS) Bertie M. Garner
 18. BURIAL, CREMATION, OR REMOVAL PLACE King City DATE 11-23-32
 19. UNDERTAKER (ADDRESS) R. B. Agard
 20. FILED 11-22-32 E. M. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV 27 1932
 2. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1932, to Nov 19, 1932
 I last saw him alive on 19th Nov, 1932 Death is said to have occurred on the date stated above, at 9 A.M.
 The principal cause of death and related causes of importance were as follows:
82D
132 B
Hemiplegia
menia
 Other contributory causes of importance 2 10
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? no
 If so, specify _____
 (Signed) Richard H. Hurst M. D.
 (Address) King City, Missouri

WITH FADING INK--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.

13.0 p.m.

