WRITE PLAINLY, WITH UNFADING 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.

APR 24 1933

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

Do not use this space.

8752

1. PLACE OF DEATH
16 County Cape Girardeau — Registration District No. 125 — File No.
1 Township " " — Primary Registration District No. 3609 — Registered No. 791
8 City " " (No. Red Star add St. Ward)

2. FULL NAME Flirie Ann Garner

(a) Residence, No. Red Star add St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: F M Garner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb-29-1862

7. AGE: YEARS 71 — MONTHS 0 — 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.: House Work
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): Neelyslanding Mo

FATHER
13. NAME: Wm Powell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Neelyslanding Mo

MOTHER
15. MAIDEN NAME: Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

17. INFORMANT (ADDRESS): Glenn Garner, Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairmont Cemt DATE 3-27 1933

19. UNDERTAKER (ADDRESS): Hamann's Funeral Home, Cape Girardeau Mo

20. FILED 3/27 1933 W C Kuempfer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 26 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to March 26 1933
I last saw her alive on March 22, 1933 Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	3 yrs ago
23A	
D 3	

Other contributory causes of importance:

Name of operation No Date of
What test confirmed diagnosis? Physical 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) D H Hale, M. D.
(Address) Cape Girardeau Mo