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.

OCT 20 1933

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

Do not use this space.

28898

1. PLACE OF DEATH

County Butler — Registration District No. 70 — File No.

Township Ash Hill — Primary Registration District No. 5734C — Registered No. 14

City Brosley (No. ..... St. ..... Ward)

2. FULL NAME William Jr. Garver

(a) Residence, No. ..... 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sept. 11'33

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Born & Died

7. AGE — YEARS: Three — MONTHS: Hours — DAYS: Old — If LESS than 1 day, ... hrs. or ..... min.
Born at 8:20

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): Brosley MO

FATHER
13. NAME: Oscar Garver
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Edith WARREN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Oscar Garver, Brosley, Gen. Del.

18. BURIAL, CREMATION, OR REMOVAL: MO
PLACE: Mole Hill DATE: Sept. 12'33

19. UNDERTAKER (ADDRESS): Greer Undertaking Co., Poplar Bluff, Missouri

20. FILED: 9-12 1933 Nora J. Smith, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9-11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept-11, 1933, to ....., 19....
I last saw him alive on Sept-11, 1933 Death is said to have occurred on the date stated above, at 11:30 m.
The principal cause of death and related causes of importance were as follows:

Premature birth
6 months
159
mother had

Date of onset

Other contributory causes of importance: Malarial fever,

Name of operation — Date of .....
What test confirmed diagnosis? — Was there an autopsy?

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) A. Crowell, M. D.
(Address) Brosley MO