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

Do not use this space.

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1. PLACE OF DEATH
County: Cuyahoga — Registration District No.: 24 — File No.:
Township: Prairie — Primary Registration District No.: 4018 — Registered No.:
City: Laddonia Mo. (No. ..., St. ..., Ward)

2. FULL NAME: Velma Isabel 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: Stewart LeRoy Garner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 30 1892

7. AGE: Years 41 — Months 11 — Days 19 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
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): Prairie Hill Mo

FATHER
13. NAME: J. W. McCubbin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Calloway County Mo

MOTHER
15. MAIDEN NAME: Francis Ferris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hickory Co Mo

17. INFORMANT (ADDRESS): Mrs J. W. McCubbin Laddonia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Laddonia Mo DATE: Jan 19, 1934

19. UNDERTAKER (ADDRESS): H. F. Grindle Laddonia Mo

20. FILED: Jan 19, 1934 W. K. McCall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 18th, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... 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
Coroner's case, her dead body was found in a burning dwelling occupied by her parents. Cause of death unknown. No Jury.	
Other contributory causes of importance: Home delivery by Mrs Bragin Knobknow	

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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? ~~Doubtful~~ Date of injury 1-18, 1934
Where did injury occur? Laddonia Mo.
(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 ~~W K McCall~~
(Signed) W K McCall Coroner Auld Co. M. D.
(Address) Laddonia 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.