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

Do not use this space.

MAY 25 1934

1. PLACE OF DEATH
County Cass — Registration District No. 154 — File No. 16041
Township Indep — Primary Registration District No. 4088 — Registered No.
City Garden City (No. ..... St. ..... Ward)

2. FULL NAME Lebi Mainard
(a) Residence. No. Garden City Mo 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: Male
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 Mary Mainard

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-18-1867

7. AGE: 66 Years — Months: 6 — Days: 21 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Brick Mason
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Sullivan
(STATE OR COUNTRY) Ill

PARENTS
10. NAME OF FATHER Abendago Mainard
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Sullivan
(STATE OR COUNTRY) Ill
12. MAIDEN NAME OF MOTHER Sarah Cantrell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Sullivan
(STATE OR COUNTRY) Ill

14. INFORMANT Mary A Mainard
(Address) Garden City Missouri

15. FILED May-10-1934 Frank B Ellis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May-10-1934

17. I HEREBY CERTIFY, That I attended deceased from May-5th-34, 19..., to May-10, 1934, that I last saw him alive on May-9th, 1934, and that death occurred, on the date stated above, at 2 P M m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
S 2/A
97
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis
(duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? X
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings and Clinical tests
(Signed) Frank B Ellis, M. D
, 19 (Address) Garden City Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Garden City Cemetery — DATE OF BURIAL: May-12-1934

20. UNDERTAKER: Atkinson & Easterla — ADDRESS: Archie Mo

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.