

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

Do not use this space.

1. PLACE OF DEATH

County Gasper Registration District No. 411
 Township Stotts Primary Registration District No. 2002
 City Gasper No. Freeman Hosp. St. _____ Ward _____

File No. 20847

2. FULL NAME

(a) Residence, No. Stotts City Mo St. _____ Ward. Stotts City, Mo.
 (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 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 Minnie Garner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April - 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 1 14

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME Hilroy Garner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) M. C.

15. MAIDEN NAME Betty Wallus

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Clarence Garner
 (ADDRESS) Miami Okla

18. BURIAL, CREMATION, OR REMOVAL PLACE Stotts City Mo DATE 6-6 1934

19. UNDERTAKER Lane Funeral Home
 (ADDRESS) Miami Okla 15-25

20. FILED 6-4 1934 Ed E. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-4 1934

22. I HEREBY CERTIFY, That I attended deceased from May 21 1934 to June 3 1934
 I last saw h. fr. alive on June 4 1934 Death is said to have occurred on the date stated above, at 2 P. m.
 The principal cause of death and related causes of importance were as follows:

Intestinal obstruction (Date of onset)

51
1934
 Other contributory causes of importance:
Carcinoma of Prostate

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) W S Loveland M. D.
 (Address) Gasper Mo

WHITE 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.

49
 7
 51
 JUL 16 1934

