

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.

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

Do not use this space.

JAN 18 1936

8315-a

1. PLACE OF DEATH

County Camden Registration District No. 119 File No. _____
Township Anglaise Primary Registration District No. 5170 Registered No. _____
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

John M. Garman
(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 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 Maudie Ash

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep. 6 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
64 6 1

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) Camden Mo

13. NAME John R. Garman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kay Glasgow

15. MAIDEN NAME Martha H. Smith

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

17. INFORMANT (ADDRESS) Wm. Davis
Beckland Rte 3

18. BURIAL, CREMATION, OR REMOVAL PLACE Traw Cemetery DATE 5 9 1935

19. UNDERTAKER (ADDRESS) Virgil Evans
Beckland Mo

20. FILED Jan 8 1936 Mr W. J. Clark
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 7 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 7 1935 to Mar 7 1935

I last saw him alive on Mar 7 1935 Death is said to have occurred on the date stated above, at 11 P. M.

The principal cause of death and related causes of importance were as follows:

Apoplexy Date of onset 21

Other contributory causes of importance: none

Name of operation none Date of _____

What test confirmed diagnosis? Phys. Exh. 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? no

If so, specify _____

(Signed) E. J. Oberholtzer, M. D.
(Address) Beckland Mo

