

OCT 18 1935

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

Do not use this space.

28919

## 1. PLACE OF DEATH

County Edgar  
Township Edwards  
City CAPE GIRARDEAU (No. 155)

Registration District No. 155  
Primary Registration District No. 3009  
St. St. Joseph (Ward)

File No. \_\_\_\_\_  
Registered No. 265  
St. \_\_\_\_\_ (Ward)

## 2. FULL NAME

(a) Residence, No. Paris, Ill St. \_\_\_\_\_ Ward. Paris Ill  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 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

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

Dec. 10, 1920

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

14149—

## OCCUPATION

## 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

School

## 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)

Edwards, Illinois  
Edgar County, Ill

## 13. NAME

Maurice Garnham

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Vermilion  
Ill

## 15. MAIDEN NAME

Mary Casale

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

Vermilion  
Ill

## 17. INFORMANT (ADDRESS)

Maurice Garnham  
Paris Ill

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Ill DATE 9/14 1935

## 19. UNDERTAKER (ADDRESS)

Frank J. Howell  
Cape Girardeau, Mo

## 20. FILED

9-14 1935 J.M. Sawyer  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 14 193522. I HEREBY CERTIFY, That I attended deceased from Sept 12 1935 to Sept 14 1935I last saw him alive on Sept 13 1935. Death is said to have occurred on the date stated above, at 3 A.M.

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

Bronchiectasis  
myocarditis, acute

Date of onset

Other contributory causes of importance:

ASOName of operation none 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? no Date of injury \_\_\_\_\_, 1935

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) Stewart J. Tygett, M. D.(Address) Cape Girardeau, 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.

