

FEB 19 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1725

1. PLACE OF DEATH

County JasperRegistration District No. 408

Township

Primary Registration District No. 3020City Carthage, Mo.(No. 413)E. 7th St.

St.

Ward)

2. FULL NAME

Frances Louise Garland(a) Residence, No. 413 E. 7th St.

St.,

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

(OR) WIFE OF

Frances Louise Garland

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

Nov 25th 1854

7. AGE

YEARS

MONTHS

DAYS

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)

Ark

FATHER

13. NAME

Thomas Faussett

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

Unknown

MOTHER

15. MAIDEN NAME

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

Unknown

17. INFORMANT (ADDRESS)

Mr. Tom Roberts (Dau.)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Clark Cemetery

DATE

Jan 30th 1936

19. UNDERTAKER (ADDRESS)

Wm. Funeral HomeCarthage, Mo.

20. FILED

Jan 30, 1936S. B. Clinton

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Jan 29th 1936

22. I HEREBY CERTIFY That I attended deceased from

June 9, 1933, to Jan 29, 1936I last saw him alive on Jan 28, 1936 Death is saidto have occurred on the date stated above, at 7:40 a.m.

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

influenza pneumoniaPneumoniaMyocarditisChronic nephritis

Other contributory causes of importance:

uremiaMyocarditisChronic nephritisName of operation none Date ofWhat test confirmed diagnosis? physical Was there an autopsy? no

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? no (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) George H. Wood, M. D.(Address) Carthage Mo.

WRITE 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.

U.S. NO. 2
10-3-22-35

