

APR 22 1936

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

Do not use this space.

11713

1. PLACE OF DEATH

County MadisonRegistration District No. 5-5File No. 10Township AndersonPrimary Registration District No. 62.62Registered No. 1140City (No.)St. Ward 2. FULL NAME Leola Garner(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 Female4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Steve A. Garner6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1888 Sept 13

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

54228

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) Mar. 9, 193611. Total time (years) spent in this occupation 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

FATHER MOTHER

13. NAME William Craker14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania15. MAIDEN NAME Lutha E. Klein16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania17. INFORMANT (ADDRESS) Steve A. Garner

18. BURIAL, CREMATION, OR REMOVAL

PLACE FlourishedDATE Mar 11, 193619. UNDERTAKER (ADDRESS) J. C. Dray, Pumphrey & Parry20. FILED Apr 10, 1936M. U. Munn

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 9, 193622. I HEREBY CERTIFY, That I attended deceased from Mar 23, 1936 to Mar 9, 1936Last saw him alive on Mar 8, 1936 Death is said to have occurred on the date stated above, at 10 P. M.

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

Arterial regulation with fatty degenerationOther contributory causes of importance: Name of operation None Date of What test confirmed diagnosis? Chemical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury None 19 Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) J. C. Dray, M. D.(Address) Anderson, 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.

