JUN 18 1936

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

Do not use this space.

19667

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 2625
City Kansas City, Mo. (No. 100 N. Brighton St. Ward)

2. FULL NAME Burrell Garner
(a) Residence, No. 100 N. Brighton 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: Marie Curtis Garner
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 14, 1885
7. AGE: YEARS 51 — MONTHS 1 — DAYS 15 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Railway Mail Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: M.K.T.
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): Kansas

FATHER
13. NAME: Andrew J. Garner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER
15. MAIDEN NAME: Parlee Cole
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

17. INFORMANT (ADDRESS): Mrs. Marie Curtis Garner, 100 N. Brighton, K.C.Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Woodlawn Cem. K.C.Ks. DATE: June 1-36, 19
19. UNDERTAKER (ADDRESS): C.H.Blackman & Son, Inc. 2825 Indep.Blvd. K.C.Mo.
20. FILED: May 31, 1936 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 29-36, 19

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1936, to May 29, 1936
I last saw him alive on May 29, 1936. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset

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Other contributory causes of importance:

Arterio Scherosis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? ..... (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) Charles W. Lee D.C., M. D.
(Address) 2608 Indep. ave.

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.

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Dr. Lee