

JUN 24 1936

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

Do not use this space.

20261

1. PLACE OF DEATH

County Pemscot
Township Concord
City Concord (No. _____)

Registration District No. 653
Primary Registration District No. 5865

File No. _____
Registered No. 49
St. _____ Ward _____

2. FULL NAME Allen Garden

(a) Residence, No. Hayti RFD #1 St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frankie Garden</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-15-1891</u>				
7. AGE	YEARS <u>45</u>	MONTHS <u>1</u>	DAYS <u>23</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labourer</u>			
	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) <u>1-10-36</u>		11. Total time (years) spent in this occupation <u>25</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Newburn Tenn</u>				
MOTHER	13. NAME <u>John Garden</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Newburn Tenn</u>			
	15. MAIDEN NAME <u>Ella Hastings</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Newburn Tenn</u>			
17. INFORMANT <u>Tom Gordians</u> (ADDRESS) <u>Hayti Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Concord</u> Date <u>5-8-36</u>				
19. UNDERTAKER <u>Mr J Smith</u> (ADDRESS) <u>Hayti Mo</u>				
20. FILED <u>59</u> 19 <u>36</u> <u>Jurkadi</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-8 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on _____, 19____. 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:
Heart Lesion Date of onset _____

No medical attention

Other contributory causes of importance:
Luetia

Name of operation _____ 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? 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 Jurkadi's Rhythm, M. D.
(Signed) _____ (Address) Hayti 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.

