

OCT 1 1936

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

Do not use this space.

33494

1. PLACE OF DEATH

County North  
Township Witchell  
City Wentzville (No. \_\_\_\_\_)

Registration District No. 903  
Primary Registration District No. 102-131

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Elmer Perry Garner  
(a) Residence, No. \_\_\_\_\_ St., \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Tuzilla Garner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 12, 1853

7. AGE YEARS 83 MONTHS 5 DAYS 21 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

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) 1922

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Center Hall Penna.

MOTHER 13. NAME Henry Garner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Center Hall Penna.

15. MAIDEN NAME Mary Zerby

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Center Hall Penna.

17. INFORMANT (ADDRESS) Ed Staters, Wentzville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wentzville DATE 8/5 1936

19. UNDERTAKER (ADDRESS) Frank C. Dumlake, Wentzville, Mo.

20. FILED 9-9-36 Ed Muller Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936, to Aug 2, 1936

I last saw him alive on Aug 2, 1936 Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Chronic Heart Disease  
Brain Arteriosclerosis

Date of onset \_\_\_\_\_

Other contributory causes of importance: 107 a

Name 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 \_\_\_\_\_, 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 None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Ed Muller, M. D.

(Address) Wentzville, 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.

