

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

Do not use this space.

OCT 21 1936

33919

1. PLACE OF DEATH

County Christian
Township North
City Bellvue (No. _____)

Registration District No. 181
Primary Registration District No. 5251

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

2. FULL NAME

Elizabeth Ann Garber

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 73 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>A. D. Garber</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 25th 1863</u>		
7. AGE	YEARS	MONTHS
	<u>73</u>	<u>7</u>
		DAYS
		<u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation
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)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-17, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-14, 1936 to 9-17, 1936
I last saw her alive on 9-17, 1936 Death is said to have occurred on the date stated above, at 5:20 pm.
The principal cause of death and related causes of importance were as follows:

Heart Block

Chronic Myocarditis

Other contributory causes of importance:

Date of onset
9/12/36

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>
	13. NAME <u>John Trwatha</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>
	15. MAIDEN NAME <u>Elizabeth Longsh</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>
	17. INFORMANT (ADDRESS) <u>A. D. Garber Bellvue, Mo</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rose Hill</u> DATE <u>Sept. 20, 1936</u>
	19. UNDERTAKER (ADDRESS) <u>A. S. Wallace Bellvue, Mo</u>
	20. FILED <u>Sept 25 - 1936</u> <u>F. H. Porroun</u> Registrar.

Name of operation none 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? no
If so, specify _____
(Signed) A. D. Garber, M. D.
(Address) Bellvue, 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.

