

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

ALL INFORMATION CALLED  
 FOR MUST BE WRITTEN ON  
 THIS SUPPLEMENTARY.

**OCT 21 1936**

**35378**

**1. PLACE OF DEATH**

County St Charles Registration District No. 757  
 Township St Charles Primary Registration District No. 5998  
 City (No. ) St. Ward

File No. 166  
 Registered No. 166

**2. FULL NAME**

Claude Leroy Garner  
 (a) Residence, No. St Charles St., Ward. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Lydia Garner  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22 - 1905  
 7. AGE YEARS 31 MONTHS 2 DAYS 13 If LESS than 1 day, .....hrs. of .....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Club keeper  
 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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Oshtemo Co Iowa

13. NAME John Garner

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) mo

15. MAIDEN NAME Furckle

16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) mo

17. INFORMANT (ADDRESS) John Garner Dallas mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Zion Cem DATE 9/20 36

19. UNDERTAKER (ADDRESS) E. A. Keithly Dallas mo

20. FILED 9/19 1936 Clarence A. Kuebler Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from held inquest, to Sept 16, 1936

Flasbeow h. alive on ..... 19..... Death is said to have occurred on the date stated above, at 7 P. m.

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

Accidental drowning while operating an outboard motor boat in the Mississippi River when said boat sunk from overload of rock

Date of onset Sept 15 1936

Other contributory causes of importance: none

Name of operation none Date of .....  
 What test confirmed diagnosis? Inquest Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury Sept 15, 1936  
 Where did injury occur? Near Campbell St. Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. public place  
 Manner of injury sinking of boat  
 Nature of injury accidental drowning

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify none

(Signed) Will F. Freeman, M. D.  
 (Address) St Charles Mo  
Coroner St Charles Co 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

