

DEC 20 1936

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

Do not use this space.

41187

## 1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 41187  
Township Kaw Primary Registration District No. 1002 Registered No. 41187  
City K.C. Mo. (No. 620, Bennington, N.E. Hosp. St. \_\_\_\_\_ Ward \_\_\_\_\_)

## 2. FULL NAME

Baby (Premature 5 to 5 1/2 month) Garner

(a) Residence, No. 2511 Brooklyn St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

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

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>X</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 5 1936</u>		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day, ... hrs. or ... min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>X</u>		
10. Date deceased last worked at this occupation (month and year) <u>X</u>		11. Total time (years) spent in this occupation <u>X</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo.13. NAME Paul H. Garner14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Everett Mo.15. MAIDEN NAME Standa M. Crumley16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Drexel Mo.17. INFORMANT Paul H. Garner  
(ADDRESS) 2511 Brooklyn K.C. Mo.18. BURIAL, CREMATION, OR REMOVAL  
PLACE Brookings Cemetery DATE Nov. 6 193619. UNDERTAKER Robert F. Hume  
(ADDRESS) 1111 1/2 Prospect Dayton, Mo.20. FILED Nov 6 1936 M. M. Brown  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-5-36 1922. I HEREBY CERTIFY, That I attended deceased from Premature birth 5 mo. 19I last saw h. alive on 11-5-36 19. Death is saidto have occurred on the date stated above, at 9:55 P.M.

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

Premature birth -  
about 5 Mo.

Date of onset

Other contributory causes of importance:

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 \_\_\_\_\_ 19Where 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 \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify no(Signed) H. T. Waterberg, D.O.(Address) 3447 Prospect

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.

