

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.

FEB 19 1937

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

Do not use this space.

2645

1. PLACE OF DEATH  
 844 County Tolk Registration District No. 708  
 Township Greene Primary Registration District No. 0937d  
 City Hudson (No. 2) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Deryl Albert Garner  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. 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 (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chied at home  
 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 \_\_\_\_\_

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hudson Mo  
 13. NAME Ronnie Garner  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Park Co Mo

MOTHER 15. MAIDEN NAME Bethel Beck  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dallas Co Mo

17. INFORMANT (ADDRESS) Mrs Jesse Brashear Bolivar Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Tolk DATE Jan 12 1937

19. UNDERTAKER (ADDRESS) Hutchinson Blue Bolivar Mo

20. FILED 1-18 1937 MacFunnell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12 1937

22. I HEREBY CERTIFY That I attended deceased from Jan 12 1937 to Jan 12 1937  
 I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_. Death is said to have occurred on the date stated above, at 8:45 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Stillborn Infant Date of onset \_\_\_\_\_  
(Born before doctor arrived)

Other contributory causes of importance: \_\_\_\_\_

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 \_\_\_\_\_  
 (Signed) E. Schmidt \_\_\_\_\_, M. D.  
 (Address) Bolivar Mo

