

APR 21 1937

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

Do not use this space.

12424

1. PLACE OF DEATH

County Linn
Township Mt. Vernon
City Mt. Vernon (No.)

Registration District No. B 10
Primary Registration District No. 10

File No.
Registered No. 48
St. Ward)

2. FULL NAME

Angeline Alice Garvin
(a) Residence, No. Mt. Vernon 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>M. S. Garvin</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-21-1858</u>				
7. AGE	YEARS <u>78</u>	MONTHS <u>8</u>	DAYS <u>12</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>none</u>			
	10. Date deceased last worked at this occupation (month and year) spent in this occupation..... <u>7 months</u>			
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Smiths Grove Kentucky</u>			
	FATHER	13. NAME <u>Thomas F. Spillman</u>		
		14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scottsville Allen Co. W. Va.</u>		
		15. MAIDEN NAME <u>Martine Brown Parish</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Brownsville Edmonson Co. W. Va.</u>				
17. INFORMANT (ADDRESS) <u>Margaret Spillman Mt. Vernon Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Brunswick Mo</u> DATE <u>Apr 8 1937</u>				
19. UNDERTAKER (ADDRESS) <u>Joseph G. Campbell Home Mt. Vernon Mo.</u>				
20. FILED <u>April 7 1937 P. A. Holmes Registrar.</u>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1935 to April 5 1937.
I last saw her alive on April 4 1937. Death is said to have occurred on the date stated above, at 5:45 pm.
The principal cause of death and related causes of importance were as follows:
Fatty infiltration of heart Date of onset 1-35

Other contributory causes of importance: ABC

Name of operation Date of
What test confirmed diagnosis? clinical 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) P. A. Holmes, M. D.
(Address) Mt. Vernon

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.

