

APR 26 1937

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

Do not use this space.

13134

File No.
Registered No. 89
St. Ward)

1. PLACE OF DEATH

County Randolph Registration District No. 735
Township Primary Registration District No. 3034
City Moberly (No. 312 Taylor St. Ward)

2. FULL NAME

(a) Residence, No. 312 Taylor St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

MEDICAL CERTIFICATE OF DEATH

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>James J Garborough</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 22 - 1860</u>		
7. AGE	YEARS	MONTHS
<u>25</u>	<u>76</u>	<u>5</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</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).....		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ark.</u>		
13. NAME <u>Harry Young</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>		
15. MAIDEN NAME <u>Elizabeth Lambert</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>		
17. INFORMANT (ADDRESS) <u>Mrs Carl Johnson Moberly Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Dulsa Okla</u> DATE <u>March 26 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Mahon and Son Moberly Mo</u>		
20. FILED <u>Mar 26 1937</u> <u>Ethel Cloton Registrar</u>		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23rd 1937

22. I HEREBY CERTIFY, that I attended deceased from Wed. 18 / 1937 to Wed. 23 / 1937
I last saw her alive on Wed. 23 / 1937 Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:
Shock and weakness resulting from a fall down a flight of stair steps at her home
Other contributory causes of importance:
186

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury Wed. 18 / 1937
Where did injury occur? at home, Moberly, Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In home

Manner of injury Fall down a flight of
Nature of injury Bruise to hip, stair steps

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) R. E. Fisher, M. D.
(Address) Moberly, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

