MAY 31 1937

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

Do not use this space.

17086

1. PLACE OF DEATH
County: Newton
Township: East Benton
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 608
Primary Registration District No. 6264

File No. .....
Registered No. 10

2. FULL NAME: John Garber
(a) Residence, No. Neosho Mo. R#4 St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE~~ OF: Sarah Alice Garber
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): November 7, 1855
7. AGE: Years 80 Months 11 Days 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer.
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): New York.

FATHER
13. NAME: John Garber
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown France

MOTHER
15. MAIDEN NAME: Elizabeth Hershey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown Germany.

17. INFORMANT (ADDRESS): Mrs. Lizzie A. Garber Neosho Mo R # 4
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Hazel Green DATE: 10-29, 1936
19. UNDERTAKER (ADDRESS): Early Thompson Neosho Mo.
20. FILED: April 14, 1937 Ada Collings (Registrar.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): October 28, 1936
22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1936, to Oct 27, 1936
I last saw him alive on Oct 27, 1936. Death is said to have occurred on the date stated above, at 3:10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Old Age = Senility	
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) D. E. Cullers, M. D.
(Address) Neosho Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.