OCT 20 1937
OCT 20

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

Do not use this space.

34151

1. PLACE OF DEATH
County FRANKLIN — Registration District No. 293 2 — File No.
Township BOLES — Primary Registration District No. 4177 1 — Registered No.
City PACIFIC (No. , St. Ward)

2. FULL NAME **********SARAH JANE GARNER**********
(a) Residence, No. PACIFIC, MISSOURI. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF HARDIN GARNER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOVEMBER, 16, 1853.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
83	10	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME
10. Date deceased last worked at this occupation (month and year) JAN. 1930
11. Total time (years) spent in this occupation LIFE

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HILLHAM, TENN.

FATHER
13. NAME WILLIAM C. BROWN,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HILLHAM, TENN.

MOTHER
15. MAIDEN NAME MILITIA LUNDY,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HILLHAM, TENN.

17. INFORMANT (ADDRESS) MRS. A. D. MANN, PACIFIC, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE VALLAHA Cemetery DATE OCT. 1, 1937

19. UNDERTAKER (ADDRESS) THIEBES FUNERAL HOME PACIFIC, MO.

20. FILED 10/10/ 1937 G. E. Gross, D. R. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 28, 1937 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1937, to Sept 27, 1937
I last saw her alive on Sep 27, 1937. Death is said to have occurred on the date stated above, at 11:15 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Parens, Nephritis Chronic	Past Reason
Other contributory causes of importance:	
Bronchopneumonia	4 day

131

Name of operation ..... Date of .....
What test confirmed diagnosis? Lab. 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) [signature], M. D.
(Address) Pacific, Mo.

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