DEC 17 1937

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

Do not use this space.

41252

File No. 1058

Registered No.

1. PLACE OF DEATH

County Greene — Registration District No. 318

Township — Primary Registration District No. 2001

City Springfield (No. St. John's Hospital St. Ward)

2. FULL NAME Infant Son of Mr & Mrs. Mack C. Garber

(a) Residence, No. St. John's Hospital 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): Stillborn

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-6-1937

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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) St. John's Hospital
(STATE OR COUNTRY) Springfield Mo

FATHER

13. NAME Mack C. Garber

14. BIRTHPLACE (CITY OR TOWN) Ark
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Reatha Boker

16. BIRTHPLACE (CITY OR TOWN) Dade Co
(STATE OR COUNTRY) Missouri

17. INFORMANT M C Garber
(ADDRESS) Dillon St Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Newlin Cem DATE 11/6 1937

19. UNDERTAKER Walter Cox Funeral Home
(ADDRESS) 1100 N. Jefferson Springfield Mo

20. FILED Nov 6 1937 Chas A. George M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-6 1937

22. I HEREBY CERTIFY, That I attended deceased from ~~Nov~~, 19..., to Nov 6, 1937

I last saw ~~him~~ alive on ..., 19... Death is said to have occurred on the date stated above, at ?...m. about Nov 3

The principal cause of death and related causes of importance were as follows:

	Date of onset
Still born, macerated	

Other contributory causes of importance:
Cord knotted around right leg

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) Joseph D. Jones, M. D.
(Address) Springfield Mo

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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