DEC 20 1937

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

Do not use this space.

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1. PLACE OF DEATH

County Howell — Registration District No. 385 — File No. 41426

Township — Primary Registration District No. 5-5-36 — Registered No.

City Willow Springs, Mo. — 4228 — St. — Ward)

2. FULL NAME Leonard O. Garner

(a) Residence, No. — St., — Ward. Drexel, Missouri
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July, 12, 1915.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
22	4	27	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 3 C Camp 4 yrs Tractor Mechanic.

10. Date deceased last worked at this occupation (month and year) Nov. 37.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Drexel, Mo.

FATHER

13. NAME U. G. Garner

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

MOTHER

15. MAIDEN NAME Caroline Haefner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisc.

17. INFORMANT (ADDRESS) L. H. Garner, Drexel, Mo.

18. BURIAL, CREMATION, OR REMOVAL Sharon Cemetery

PLACE Drexel, Mo. DATE 12/10/ 1937

19. UNDERTAKER (ADDRESS) Burns & Son Willow Springs Mo

20. FILED 12-9, 1937 Danette Ferguson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 1, 1937, to December 9, 1937

I last saw him alive on December 9, 1937. Death is said to have occurred on the date stated above, at 12:30 A.M.

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

	Date of onset
Lobar pneumonia	12-1-37
Cardiac decomperative	12-8-37

Other contributory causes of importance: 108

Name of operation none 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?

If so, specify

(Signed) Morris Berkowitz, M. D.

(Address) Willow Springs 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.