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.

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

Do not use this space.

2168

1. PLACE OF DEATH

12 County Butler — Registration District No. 89 — File No.

2 Township — Primary Registration District No. 3007 — Registered No. 5

2 City Poplar Bluff (No. ..... St. ..... Ward)

2. FULL NAME Nora Johnson Garber 616

(a) Residence, No. 317 S. 9th St., St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 15 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) |
|---|---|---|
| Female | White | Widowed |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17, 1867

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 70 | 3 | 17 | |

OCCUPATION

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

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) Lawrence County Illinois

FATHER

13. NAME John Shamley

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

MOTHER

15. MAIDEN NAME Ann - - -

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

17. INFORMANT (ADDRESS) Mrs. Della Englehart Poplar Bluff, Mo.

18. BURIAL, ~~CREMATION OR REMOVAL~~ PLACE Woodlawn Cem. DATE Jan. 6 1938

19. UNDERTAKER (ADDRESS) Greer Funeral Service Poplar Bluff, Mo.

20. FILED 1/6 1938 O. Chutsinger Registrar. 89

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 4 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1935, to Jan 4, 1938

I last saw her alive on Jan 4, 1938. Death is said to have occurred on the date stated above, at 8:45 P.M.

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

| | Date of onset |
|---|---|
| Carcinomatosis | 1937 |
| 48 | |

Other contributory causes of importance:

| | |
|---|---|
| Carcinoma Cervix | 1935 |

Name of operation none Date of

What test confirmed diagnosis? Path. Exam 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) Poplar Bluff Mo

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