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

REC'D JUN 7 1938

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

18337
 Do not use this space.

1. PLACE OF DEATH
 (a) County Grundy Registration District No. 328
 (b) Township Trenton Primary Registration District No. 3017 Registered No. _____
 (c) City Trenton (d) Street No. _____
 (e) Length of residence in city or town where death occurred 59 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Will Oves Garvin 615
 (a) Residence, No. 602 East Ninth St. (if nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Vada Riggs Garvin</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 16, 1852</u>				
7. AGE YEARS <u>85</u>	MONTHS <u>6</u>	DAYS <u>26</u>	If LESS than 1 day,hrs. ormin.	
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Banker</u>				
9. Industry or business in which work was done, as saw mill, bank, etc. <u>Bank</u>				
10. Date deceased last worked at this occupation (month and year) <u>1936</u>				
11. Total time (years) spent in this occupation.....				
12. BIRTHPLACE (CITY OR TOWN) <u>Rogersville</u> (STATE OR COUNTRY) <u>Kentucky</u>				
13. NAME <u>Martin B. Garvin</u>				
14. BIRTHPLACE (CITY OR TOWN) <u>Speedwell</u> (STATE OR COUNTRY) <u>Kentucky</u>				
15. MAIDEN NAME <u>Joal Harris</u>				
16. BIRTHPLACE (CITY OR TOWN) <u>Madison County</u> (STATE OR COUNTRY) <u>Kentucky</u>				
17. INFORMANT <u>Mrs. Vada Garvin</u> (ADDRESS) <u>Trenton, Missouri</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Masonic</u> DATE <u>May 22</u> 19 <u>38</u>				
19. FUNERAL DIRECTOR (NAME) <u>Hemley Funeral Home</u> (ADDRESS) <u>Trenton, Missouri</u>				
20. FILED <u>5-22-38</u> <u>Shene S. Fair</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>May 18, 1938</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>Jan 6, 1938</u> , to <u>May 18, 1938</u> I last saw him alive on <u>May 17, 1938</u> Death is said to have occurred on the date stated above, at <u>2:30 p. m.</u> The principal cause of death and related causes of importance were as follows: <u>Nephritis (pyelo-nephritis)</u> <u>Hypertrophy of prostate gland and cystitis</u>	
	Date of onset
Other contributory causes of importance: <u>Hypertrophy of prostate gland and cystitis</u>	
Name of operation <u>None</u> Date of _____	
What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy? <u>No</u>	
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? <u>No</u> If so, specify _____ (Signed) <u>C. H. Mullers</u> M. D. (Address) <u>Trenton, Mo.</u>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Clifford Berg

....., or by

Registered Apprentice No., working under my personal supervision. .

Signed

Clifford Berg

Licensed Embalmer No.

3423

P. O. Address

Trenton Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.