

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

1939 JAN 18 1939

43590

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1. PLACE OF DEATH

County Lafayette Registration District No. 461
 Township Madison Primary Registration District No. 3024
 City Wellington, Mo. (No. 6150) St. _____ Ward _____

2. FULL NAME

William E. Garvin Jr
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 7 1914

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>14</u>	<u>1</u>	<u>10</u>	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. L

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation L

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

13. NAME William Garvin

14. BIRTHPLACE (CITY OR TOWN) Kansas City
 (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Maude Martin

16. BIRTHPLACE (CITY OR TOWN) Wellington
 (STATE OR COUNTRY) Missouri

17. INFORMANT William Garvin
 (ADDRESS) Wellington Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Wellington, Mo. DATE 29 1938

19. UNDERTAKER Wrensing Funeral Home
 (ADDRESS) Wellington, Mo.

20. FILED Jan 3 1939 Delia Bates
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 27 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27 1938 to Dec. 27 1938

I last saw him alive on Dec. 27 1938 Death is said to have occurred on the date stated above, at 4:30 P.M.

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

Thyroidal epilepsy
Status epilepticus

Date of onset

Other contributory causes of importance: GB

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? No.

If so, specify _____

(Signed) J. S. Cape M. D.

(Address) Wellington, Mo.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1/22/39