

JUL 13 1939

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

Do not use this space.

21468

1. PLACE OF DEATH

County Barton

Registration District No. 3

Township Ozark

Primary Registration District No. 5062

City Harrod

(No.)

St.

Ward)

2. FULL NAME

Virginia Jean Eleanor Garner

(a) Residence, No.

St.

Ward.

York, Nebraska
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

10 ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

wh.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

m.

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

Married

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

Sept 1 1921

7. AGE

YEARS 17

MONTHS 10

DAYS 1

If LESS than 1 day, hrs. or min.

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

Housewife

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

home

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

July 2 1939

11. Total time (years) spent in this occupation.

2 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

York Nebraska

13. NAME

Lewis Collingham

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

Unknown

15. MAIDEN NAME

Grace Thomas

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

Unknown

17. INFORMANT (ADDRESS)

Charles Edwin Garner, Harrod, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE York, Neb.

DATE July 4 1939

19. UNDERTAKER (ADDRESS)

Buxey Funeral Service, Mulberry, Mo.

20. FILED

July 3 1939 F. R. Spelt, M. D., Registrar.

MEDICAL CERTIFICATE OF DEATH

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

July 2nd, 1939

22. I HEREBY CERTIFY, That I attended deceased from

July 2 1939, to July 2 1939

I last saw him alive on July 1 1939 Death is said to have occurred on the date stated above, at 4 P. M.

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

accidental Drowning

Date of onset

Other contributory causes of importance:

Couldnt Swim

Name of operation

Date of

What test confirmed diagnosis? Physic Signs Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? a Date of injury 1939

Where did injury occur? a (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury a

Nature of injury a

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) F. R. Spelt M. D.

(Address) Harrod, Mo.

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.

152

JAN 10 1950

60

1849

U.S. DEPARTMENT OF THE ARMY
HEADQUARTERS
WASHINGTON, D. C.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

21468
Do not use this space.

1. PLACE OF DEATH

(a) County Barton Registration District No. 41
(b) Township Ozark Primary Registration District No. 3862 Registered No. _____
(c) City _____ (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Virginia Jean Eleanor Garner

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m
(write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
17 10 1

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

9. Industry or business in which work was done, as 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19__

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED _____ 19__

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-2 1939

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19__

I last saw h. _____ alive on _____, 19__ Death is said

to have occurred on the date stated above, at _____ m.

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

accidental drowning
out wading, was not in boat
Date of onset _____

Other contributory causes of importance:

could not swim, went out too far while wading

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? drowning Date of injury 7/2, 1939

Where did injury occur? Liberal, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

old ship jet

Manner of injury _____

Nature of injury accidental drowning while wading

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) F. R. Spell, M. D.

(Address) Liberal, 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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

