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.

OCT 20 1939

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

Do not use this space.

33154

1. PLACE OF DEATH
County Pemocot — Registration District No. 653 — File No.
Township — Primary Registration District No. 4390 — Registered No. 78
City Hayti (No. , St. Ward)

2. FULL NAME 520 Jerry D. Garner
(a) Residence, No. St., Ward.
(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 M
4. COLOR OR RACE W
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) Sept. 5th, 1939
7. AGE YEARS MONTHS DAYS 2 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
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) Hayti Mo. C

FATHER
13. NAME Clois Garner C
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hayti (14 Bend) Mo.

MOTHER
15. MAIDEN NAME Ines Haley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lake Co. Tenn.

17. INFORMANT (ADDRESS) Clois Garner Hayti, Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Hayti, Mo. DATE 9-7, 1939
19. UNDERTAKER (ADDRESS) Ray Und. Co. Hayti, Mo.
20. FILED 9/8 1939 Pearl Kelley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-7, 1939
22. I HEREBY CERTIFY, That I attended deceased from 9-5-, 1939, to 9-7-, 1939
I last saw him alive on Sept-7, 1939 Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain injury at birth	

160 lb

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? S & S 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) A H Sline, M. D.
(Address) Hayti, Mo.

RECEIVED
District Health Officer No. 9
District File Number 1039 605
Date Filed 10/9/39