

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

Do not use this space.

43875

1. PLACE OF DEATH

County Lawrence
Township Turnbards
City (No. _____) _____ St. _____ Ward _____

Registration District No. 470
Primary Registration District No. 5640

File No. _____
Registered No. 176

2. FULL NAME Bette Lee Garner

(a) Residence, No. Marionville R1 St. _____ Ward _____ (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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22, 1939

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11.11.1900

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 0 0 0 0

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

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 0 0

Still birth
Monstrosity

Date of onset

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) Marionville R1 (STATE OR COUNTRY) _____

Name of operation _____ Date of _____

13. NAME Henry Jackson Garner

What test confirmed diagnosis? _____ Was there an autopsy? _____

14. BIRTHPLACE (CITY OR TOWN) Lawrence Co. Mo (STATE OR COUNTRY) _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____

15. MAIDEN NAME Ara Mae Hutchison

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

16. BIRTHPLACE (CITY OR TOWN) Bay Co Mo (STATE OR COUNTRY) _____

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

17. INFORMANT J. J. Garner (ADDRESS) Marionville, Mo. #1 Mo

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Mrs Hill Mo DATE Dec 23 1939

Nature of injury _____

19. UNDERTAKER Geo. B. Orr & Co. (ADDRESS) Mt. Vernon Mo.

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

20. FILED Dec 22 1939 PA Holmes Registrar.

If so, specify _____

(Signed) PA Holmes, M. D.

(Address) Mt Vernon Mo

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

RECEIVED

District Health Officer No. 3

District File Number 140-92

Date Filed JAN 9 1940