

DEC 19 1934

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County St. Louis  
 Township Lamar  
 City St. Louis (No. 5888)

Registration District No. 667  
 Primary Registration District No. 4400

File No. 43938  
 Registered No. 12  
 St. St. Louis Ward 12

## 2. FULL NAME

(a) Residence, No. Garland Junior Anderson 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 7 - 1934</u>		
7. AGE YEARS	MONTHS	DAYS
IF LESS than 1 day, $\frac{1}{2}$ hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>
	10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation	

12. BIRTHPLACE (CITY OR TOWN) Mo  
(STATE OR COUNTRY)13. NAME Garland Anderson14. BIRTHPLACE (CITY OR TOWN) Mo  
(STATE OR COUNTRY)15. MAIDEN NAME Laura Gunnath16. BIRTHPLACE (CITY OR TOWN) Mo  
(STATE OR COUNTRY)17. INFORMANT Garland Anderson  
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL  
PLACE Bethel Mo DATE 12/8 193419. UNDERTAKER B F Parker  
(ADDRESS)20. FILED Dec 7 1934 B F Parker  
Registrar.

## 1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7 1934  
 22. I HEREBY CERTIFY, That I attended deceased from Dec 7 1934 to Dec 7 1934  
 I last saw him alive on Dec 7 9:12 a.m. 1934 Death is said to have occurred on the date stated above, at 9:12 a.m.  
 The principal cause of death and related causes of importance were as follows:

① Premature Birth  
159 5 1/2 mo

Other contributory causes of importance: 159

Name of operation ✓ Date of ✓  
 What test confirmed diagnosis? Clinical 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 ✓ 1934Where 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? ✓

If so, specify

(Signed) W. H. Brown M. D.(Address) Franklin, 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.

