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

Do not use this space.

34287

1. PLACE OF DEATH.
County Pemiscot
Township Braggadocio
City Deering
Registration District No. 68-3
Primary Registration District No. 5-871
File No.
Registered No. 103
(No. St. Ward)

2. FULL NAME Ada Lee 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb-27-1906
7. AGE Years 21 Months 9 Days 1 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer ✓
9. BIRTHPLACE (CITY OR TOWN) ✓
(STATE OR COUNTRY) Arkansas

PARENTS
10. NAME OF FATHER [illegible] Garner
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ✓
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Myrdle Worley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ✓
(STATE OR COUNTRY) Missouri

14. INFORMANT Robt. L Hargrove
(Address) Deering Mo.
15. FILED Nov. 30 1927 Ada Martin REGISTRAR
J. W. Johnson

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov-28- 1927
17. I HEREBY CERTIFY, That I attended deceased from November 5, 1927, to Nov-25-, 1927 that I last saw her alive on Nov-25-, 1927, and that death occurred, on the date stated above, at 9:10 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
1 1 23 A
2 1 25 (duration) 1 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) General Tuberculosis of the bowles (duration) yrs. 3 weeks mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinic
(Signed) Asia J Speer, M. D
Nov. 28, 1927 (Address) Deering Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, ~~CREMATION, OR REMOVAL~~ Little Prairie Cemetery
DATE OF BURIAL Nov-29-1927
20. UNDERTAKER J. L. La Forge
ADDRESS Cantherwell 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.