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.

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 1716
Township Kansas — Primary Registration District No. 1002 — Registered No. 446
City K.C. Mo (No. # 1602 Troost Ave St. ..... Ward)

2. FULL NAME Viana E Garner
(a) Residence, No. 1602 Troost Ave St. 4 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Col
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) 1-18-33
7. AGE YEARS MONTHS DAYS — If LESS than 1 day, 16 hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 16
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo

FATHER
13. NAME Joseph Garner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Bessie Garner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Joseph Garner
18. BURIAL, CREMATION, OR REMOVAL
PLACE Blue Ridge L DATE 1-24 1933
19. UNDERTAKER (ADDRESS) H.B. Moore 1820 E 18th St
20. FILED Jan 27, 1933 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/19/33, 19

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at P m.
The principal cause of death and related causes of importance were as follows:

Injury at birth
Intracranial hemorrhage.

Date of onset

Other contributory causes of importance: 160B

Name of operation No Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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?
If so, specify
(Signed) C. Welch, M.D.
(Address) Deputy Coroner