

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

Do not use this space.

1. PLACE OF DEATH

County Saline
Township
City Marshall, Mo. (No.)

Registration District No. 796
Primary Registration District No. 3038

File No. 18596
Registered No.
St. Ward

2. FULL NAME

(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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 6 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

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) Saline Co. Mo.

13. NAME Paris W. Walker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Emily J. Gaultford

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

17. INFORMANT Jerry Garard
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Bridge of Comfort DATE May 19, 1933

19. UNDERTAKER J. L. Shuman
(ADDRESS) Marshall, Mo.

20. FILED 6-8-33 A. C. Putnam
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-18, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-8, 1933 to 5-18, 1933

I last saw h. W alive on 5-27, 1933 Death is said

to have occurred on the date stated above, at 6:30 a.m.

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

193 C
130 -
Acute Pancreatitis
Myocarditis None

Other contributory causes of importance:

Chr. Myocarditis Secondary
from

Name of operation Date of

What best confirmed diagnosis? Cholera 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) Robert Kennedy, M. D.

(Address) Marshall, 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.

JUN 24 1933

