

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.

DEC 19 1934

40165

1. PLACE OF DEATH
 County Newton Registration District No. 409
 Township _____ Primary Registration District No. 4363
 City Neosho (No. State Hospital) St. _____ Ward _____
 2. FULL NAME David Garvin
 (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.

File No. 124
 Registered No. _____
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louise Garvin
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 22 1872
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 1 25
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
 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) Kentucky
 FATHER 13. NAME Abraham Garvin
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 MOTHER 15. MAIDEN NAME Lamine Garvin
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 17. INFORMANT (ADDRESS) Louise Garvin
 18. BURIAL, CREMATION, OR REMOVAL PLACE Blessant Hill DATE 11-15 34
 19. UNDERTAKER (ADDRESS) Beigham's
Neosho Mo
 20. FILED Nov 15 1934 Dr. W. M. Roseberry
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 15 1934
 22. I HEREBY CERTIFY, That I attended deceased from Nov 14 1934 to Nov 15 1934
 I last saw him alive on Nov 15 1934. Death is said to have occurred on the date stated above, at 6-PM.
 The principal cause of death and related causes of importance were as follows:
Crushed Chest, Punctured left lung - sustained in mine accident - fell from scaffold - Date of onset _____
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? accident Date of injury 11-14 1934
 Where did injury occur? mine (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury Fall
 Nature of injury Crushed Chest
 24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify _____
 (Signed) Paul A. Sale, M. D.
Neosho Mo
 (Address) _____

