

Jan 4 8 1937

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

Do not use this space.

43863

1. PLACE OF DEATH

County.....BUCHANAN..... Registration District No.....85
Township.....WASHINGTON..... Primary Registration District No.....1001
City.....ST. JOSEPH,..... (No. MISSOURI METHODIST HOSPITAL..... St..... Ward.....)

File No.....
Registered No.....1558

2. FULL NAME ELNORA GARST, WATSON, MISSOURI

(a) Residence, No.....WATSON, MISSOURI..... 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. 2 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) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF WIFE OF S.F. GARST		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 7, 1884		
7. AGE YEARS 52	MONTHS 8	DAYS 14
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE		
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) NEBRASKA

13. NAME J.M. CROCKETT

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

15. MAIDEN NAME ELLA HAYES

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT J.M. CROCKETT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE WATSON, MISSOURI DATE DEC. 21, 1936

19. UNDERTAKER FLEEMAN & SON INC. (ADDRESS) 1946 COLHOUN ST. JOSEPH, MO.

20. FILED Dec 21, 1936 H. J. Nestler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC. 21, 1936 . 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 1936 to Dec 21 1936
I last saw her alive on Dec 20 1936 Death is said to have occurred on the date stated above, at 4:00 Am.

The principal cause of death and related causes of importance were as follows:
acute coronary thrombosis
Acute attack Cholelithiasis
Other contributory causes of importance: Chronic Cholelithiasis 5 yrs duration

Name of operation None Date of...
What test confirmed diagnosis? None 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...
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) H. J. Searnal, M. D.
(Address) St. Joseph 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.

RECORDING INFORMATION IS A PERMANENT RECORD

