MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration District No. County..... Registered No. (a) Residence, No.. (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred How long in U. S., if of foreign birth? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED **HUSBAND OF** (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the tate stated above, at A The principal cause of death and related causes of importance were as follows: 7. AGE YEARS MONTHS DAYS If LESS than 1 day.hrs. ormln. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc...... Industry or business in which work was done, as silk mill, saw mill. bank. etc..... 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and occupation..... year)..... 12. BIRTHPLACE (CITY OR TOW) (STATE OR COUNTRY) 13. NAME What test confirmed diagnosis? 14. BIRTHPLACE (CITY OR TOWN) Was there an autopsy? (STATE OR COUNTRY) 15. MAIDEN NAME Where did injury occur?.... 16, BIRTHPLACE (CITY OR TOWN) (Specify city or town, county, and State) (STAZO OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. (ADDRESS) Manner of Injury..... If so, specify 19. UNDERTAKER (ADDRESS) Registrar.

RECEIVED

FEB 25 1938

BUREAU OF WITH STATISTICS MO. STATE BUARD OF HEALTH

FILL IN ANSWERS TO ALL SPACES MISSOURI STA	TE BOARD OF HEALTH
	OF VITAL STATISTICS 9970
1. PLACE OF DEATH	IFICATE OF DEATH Do not use this space.
	District No. 398
	Istration District No. 30/9 Registered No.
the second of the second state of the second	
(11 c	eath occurred in Hospital or Institution, write its name instead of street and number)
(c) Length of residence in city or town where death occurred yrs.	mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Garner P. Fa	ateu
(a) Residence, No	st.
(Usual place of abode, if no street address, write	county or city) (If nonresident, give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, DIVORCED (write the ord)	OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) / _ / . 1932
m w win	22. I HEREBY CERTIFY, That I attended deceased from
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF	A T Attended deceased no.
(OR) WIFE OF	I last saw h alive of 19 Death is sai
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)	to have occurred on the data stitled above, at
7. AGE YEARS, MONTHS DAYS If LESS th	an 1 The principal cause of death and related causes of importance were as follow
88 9 22 day,	
Z 8. Trade, profession, or particular kind of	Mission
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and spent in this occupation (continue) occupation	Almorrage from the
was done, as saw mill, bank, etc.	
10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this	the first thing to the
O year) occupation	The second of th
12. BIRTHPLACE (CITY OR TOWN)	They on the utery augus of importants
(STATE OR COUNTRY)	
II 13. NAME	A
13. NAME 14. BIRTHPLACE (CITY OR TOWN)	
(STATE OR COUNTRY)	Name of operation
x	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (violence), fill in also the following:
0 15. BIRTHPLACE (CITY OR TOWN).	Accident, suicide, or homicide? Date of injury, 19
2 (STATE OR COURTRY)	Where did Injury occur?
17. INFORMANT	Specify whether injury occurred in industry, in home, or in public place.
(ADDRESS)	Manner of injury
18. BURIAL, CREMATION, OR REMOVAL	Nature of injury
PLACE DATE	24. Was disease or injury in any way related to occupation of deceased?
19. FUNERAL DIRECTOR	If so, specify
(ADDRESS)	(Signed) John D. S. M. D.
20. FILED	(Address) Incle kentense hu
Local Registr	ar. II

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