

REC'D FEB 11 1939

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

3272
Do not use this space.

1. PLACE OF DEATH *Newton*
(a) County *Newton* Registration District No. *609*
(b) Township *Neosho* Primary Registration District No. *4363* Registered No. *2*
(c) City *Neosho* (d) Street No. *Sala Bowman Hospital* St. *St.*
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) 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 *Estelita Williams Garner*
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Paul G. Garner*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar 30 1915*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
23 8 24
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Same*
9. Industry or business in which work was done, as 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) *Seatonville Arkansas*
13. NAME *Lee Williams*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Seville Arkansas*
15. MAIDEN NAME *Christena Dille*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Austij Kansas*
17. INFORMANT (NAME) (ADDRESS) *Lee Williams Bentonville Ark*
18. BURIAL, CREMATION, OR REMOVAL PLACE *Bentonville Ark* DATE *12-27 1938*
19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Callison McKinney Bentonville Ark*
20. FILED *1-18 1939* *Orval Salmond* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12-24 1938*
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____
I last saw her dead _____, 19____ to _____, 19____. Death is said to have occurred on the date stated above, at *2:30 A.M.*
The principal cause of death and related causes of importance were as follows:
Shock and Internal Injuries Following Auto Accident
Date of onset *12-24 1938*
Other contributory causes of importance: *Car overturned on highway*
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? *No*
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide *Accident* Date of injury *12-24 1938*
Where did injury occur *Highway # 88 North of Oneville Missouri* (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. *Public Highway*
Manner of injury *Internal Injuries*
Nature of injury *Car overturned on Highway*
24. Was disease of injury in any way related to occupation of deceased?
If so, specify _____
(Signed) *Early Thompson Carone* M.D.
(Address) *Neosho Mo.*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

R. E. McKinney, or by

Registered Apprentice No. working under my personal supervision.

Signed *R. E. McKinney*

Licensed Embalmer No. *3301*

P. O. Address *Bogus Ark*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.