REC'D APR 24 1939

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

10606
Do not use this space.

1. PLACE OF DEATH

(a) County Cooper 2 — Registration District No. 721

(b) Township ~~Otterville~~ — Primary Registration District No. 4134 — Registered No.

or

(c) City Otterville — (d) Street No. ..... 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.

645

2. PRINT FULL NAME George Patrick Garland

(a) Residence, No. Otterville, Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Zane Youmans

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1842

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
96	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Editor

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) near Springfield, Missouri

FATHER

13. NAME Patrick Garland

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs Dick Garland, Austin, Texas.

18. BURIAL, CREMATION, OR REMOVAL PLACE Otterville, DATE 3-7- 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Parker Funeral Service Otterville, Mo.

20. FILED 3/8 1939 Robt L Fogle Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-4-39, 19

22. I HEREBY CERTIFY, That I attended deceased from 3-4, 1939 to 3-4, 1939

I last saw him alive on 3/3, 1939 Death is said to have occurred on the date stated above, at ..... m.

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

Apoplexy — Date of onset 3/4/39

8 7 21

Other contributory causes of importance:

96 years

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? ..... 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? .....

If so, specify .....

(Signed) Robt L Fogle, M. D.

(Address) .....

(Licensed Embalmer's Statement on Reverse Side)

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

I X16605

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 4/24/34

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, or by

----- myself -----, Registered Apprentice No.

working under my personal supervision.

Signed L. F. Parker

Licensed Embalmer No. 3840

P. O. Address Otterville, Mo

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

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