

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

Do not use this space.

32936

Christman

1. PLACE OF DEATH

County *Cape Girardeau*
Township *.....*
City *.....* (No. *.....*)

Registration District No. *125*
Primary Registration District No. *3009*

File No. *.....*
Registered No. *1214* Ward *.....*

2. FULL NAME

Field M. Garner

(a) Residence. No. *Red Star Add. Main* St., *.....* Ward. *.....*

Length of residence in city or town where death occurred . yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 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 *.....*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Nov. 19. 1854*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<i>73</i>	<i>10</i>	<i>18</i>	<i>.....</i>	<i>.....</i>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Retired Farmer*
(b) General nature of industry, business, or establishment in which employed (or employer) *.....*
(c) Name of employer *.....*

9. BIRTHPLACE (CITY OR TOWN) *.....*
(STATE OR COUNTRY) *Cape Girardeau Co.*

10. NAME OF FATHER *James Garner*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *.....*
(STATE OR COUNTRY) *Cape Girardeau Co.*

12. MAIDEN NAME OF MOTHER *Anna Poal*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *.....*
(STATE OR COUNTRY) *Cape Girardeau Co.*

14. INFORMANT *Glenn Garner*
(Address) *Cape Girardeau, Mo.*

15. FILED *1079 28* REGISTRAR *.....*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *10-7* 19 *28*

17. I HEREBY CERTIFY That I attended deceased from *Sept 27*, 19 *28*, to *Oct 7*, 19 *28* that I last saw him alive on *Oct 7*, 19 *28*, and that death occurred, on the date stated above, at *4:30* p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Asthma

112 (duration) yrs. *6* mos. da. CONTRIBUTORY (SECONDARY) *105* (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? *.....*

18 DID AN OPERATION PRECEDE DEATH? DATE OF *.....*

WAS THERE AN AUTOPSY? *.....*

WHAT TEST CONFIRMED DIAGNOSIS? *.....*

(Signed) *W. J. Flowers*, M. D. , 19 (Address) *Cape Girardeau, Mo.*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Fairmount Cem* DATE OF BURIAL *Oct 9 1928*

20. UNDERTAKER *Walthu Und. Co. Cape Gir. Mo.* ADDRESS *.....*

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.

1928

