

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

Do not use this space.

5811

**1. PLACE OF DEATH**

89 County Ray Registration District No. 744  
6 Township Richmond Primary Registration District No. 3035  
4 City Richmond (No. ....) St. .... Ward)

File No. ....  
Registered No. 16

**2. FULL NAME Minnie A. Garner**

(a) Residence. No. .... 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (or by word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C.T. Garger

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 22, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
70 5 28

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER R.Y. Hume  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky (STATE OR COUNTRY) 2  
12. MAIDEN NAME OF MOTHER Frances Payton  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

14. INFORMANT F.D. GARNER (Address) RICHMOND MO.

15. FILED 3-9-32 E E Gay REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 20 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1932, to Feb 20, 1932 that I last saw him alive on Feb 20, 1932 and that death occurred, on the date stated above, at 3 ar m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Coronary Atherosclerosis  
46E  
(duration) Days yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) 46E  
(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH .....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF .....

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? 1

(Signed) E D Gerner M. D.

2/20, 1932 (Address) Richmond 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**

Richmond Mo.

**DATE OF BURIAL**

2-26-32  
19

**20. UNDERTAKER**

C. M. Jones

ADDRESS Richmond 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. FILED 3-9-32

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

