

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

Do not use this space.

31396

1. PLACE OF DEATH

County Ray
Township Shape Grove
City (No. _____) _____

Registration District No. 744
Primary Registration District No. 5976 B

File No. _____
Registered No. 80
St. _____ Ward _____

2. FULL NAME Ada Ann Garkham

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 27. 1928

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

17. I HEREBY CERTIFY, That I attended deceased from Mar 20, 1928, to sep 22, 1928 that I last saw alive on sep 20, 1928, and that death occurred, on the date stated above, at 11:30 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 13-1861

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
66 9 9

Mitral Incompetency
938

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Duties
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

CONTRIBUTORY (SECONDARY) 900

9. BIRTHPLACE (CITY OR TOWN) Weston
(STATE OR COUNTRY) _____

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH? _____

10. NAME OF FATHER Finas Helm

Did an OPERATION PRECEDE DEATH? No. DATE OF _____
WAS THERE AN AUTOPSY? No.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known
(STATE OR COUNTRY) _____

WHAT TEST CONFIRMED DIAGNOSIS (Signed) John M. Meek M.D.
9/20, 1928 (Address) Richmond Mo

12. MAIDEN NAME OF MOTHER Mary Williams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known
(STATE OR COUNTRY) _____

*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.

14. INFORMANT J. H. Garkham
(Address) Richmond Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Shelbourn Cem DATE OF BURIAL Sept 27 1928

15. FILED 10/11 28 R L Hamilton
REGISTRAR

20. UNDERTAKER E. Thurman 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.

