NOTE WELL—INSTRUCTIONS ON THE REVERSE SIDE

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECO

Wm. Stillborn is given as cause of Death, do birth Certificate. Every item of information should be carefully 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.

#1782

TEXAS STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

B. O. V. S. FORM D

Reg. Dis. No. 5 Registered No. 394

[1] PLACE OF DEATH

County Tarrant

City Fort Worth (No. St Joseph Hospital St.; 7th Ward)

[2] FULL NAME Joseph R. Garner (a) RESIDENCE. No. Mart, Texas.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 10 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX	[4] COLOR OR RACE	[5] SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

[6] DATE OF BIRTH: November (Month) 10th (Day), 1863 (Year)

[7] AGE: 59 yrs. 5 mos. 8 ds.

If less than 2 years state if breast fed: Yes ... No ...

If less than 1 day: ... hrs. ... mins.

[8] OCCUPATION
(a) Trade, profession or particular kind of work: Engineer
(b) General nature of industry, business or establishment in which employed (or employer): I & G. N. Ry.

[9] BIRTHPLACE (State or country): Pulaski Co, Ky.

PARENTS

[10] NAME OF FATHER: James Garner,

[11] BIRTHPLACE OF FATHER (State or country): U. S.

[12] MAIDEN NAME OF MOTHER: Tibitha Roy,

[13] BIRTHPLACE OF MOTHER (State or country): U. S.

[14] THE ABOVE IS TRUE

(Informant) Josephine Garner,

(Address) Waco, Texas.

[15] Filed 4-26 1922 Lola B. Cunningham Registrar

MEDICAL PARTICULARS

12625

[16] DATE OF DEATH: April (Month) 18th (Day), 1922 (Year)

[17] I HEREBY CERTIFY, That I attended deceased from April 8, 1922, to April 18, 1922, that I last saw h[illegible]ive on April 18, 1922, and that death occurred, on the date stated above, at 6:10.

The CAUSE OF DEATH* was as follows:

Septic Pneumonia following Abcess of Prostate

(duration) ... yrs. ... mos. 36 hrs

Contributory (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

[18] Where was disease contracted if not at place of death? ...

Did an operation precede death? ... Date of ...

Was there an autopsy? ...

What test confirmed diagnosis? ...

(Signed) Roy F. Saunders, M. D.

4/18/22 1922 (Address) Ft. Worth, Texas.

*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. (See reverse side for State Statutes.)

[19] PLACE OF BURIAL OR REMOVAL: Waco, Texas. DATE OF BURIAL: 4/19/22. 1922

UNDERTAKER: Sloan & Harveson. ADDRESS: Ft Worth, Te