

CERTIFICATE OF DEATH

OKLAHOMA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
GUTHRIE, OKLA.

(398)

If death occurred in a Hospital or Institute give its name instead of street and number. If away from usual residence, give "special information" below.

AGE: Years 4 Months 8 Days 8

Full Name Geneva Dean Deboard Place of Death Chandler, N. B.
 City Lincoln County Lincoln Date of Death 5-22-1922 1922

PERSONAL AND STATISTICAL PARTICULARS

Sex Female Color White Birth Place OK (State or Country)

Single Yes Married No Divorced No Widowed No

Name of Father Floyd Deboard (State or Country) Mo

Birth Place of Father Mo

Maiden Name of Mother Patten

Birth Place of Mother Mo (State or Country)

Occupation of Deceased _____

Place of Burial New Zion

Date of Burial May 22-22

The above stated particulars are true to the best of my knowledge and belief.
 Signed Floyd Deboard
 Address Chandler, N. B.

NOTICE—Write plainly, with unfading ink. This certificate must be delivered to the County Superintendent of Public Health.

PHYSICIAN'S CERTIFICATE OF DEATH

Date of Death: Month May Day 22 Year 1922

I Hereby Certify, that I attended the deceased from _____, 190____ to _____, 190____ and that I last saw him alive on _____, 190____ end that death occurred on the date stated above at 6:00 M.

THE CAUSE OF DEATH was, as follows: acute myocardial infarction - was found dead in bed few minutes after general

Duration few minutes Days _____

Contributory _____

Duration _____ Days _____

Signed Sam Morgan M. D.
5/22/22 190____ City Chandler

Special Information, only for Hospitals, Transients or Institutes.

Usual Residence _____ How long at place of death? _____ Days

Where was disease contracted? _____

(OVER) Filed 5-22-22