

## RECORD OF DEATH

1. PLACE OF DEATH Deceased in Delaware Bay 5 mi S.E. of Bay Island Light, N. J.

2. FULL NAME Richard A. Garner

3. RESIDENCE Delmar, Md

4. Sex M 5. Color or Race C 6. Single, Married, Widowed or Divorced Single

7. If married, widowed or divorced  
Husband of S.S. 217-61-1379  
(or) Wife of

8. DATE OF BIRTH May 26 - 1917

9. AGE Years 29 Months 0 Days 0 If Less Than One Day 0 Hrs. 0 Min. 0

OCCUPATION  
Trade, profession, or kind of work done Laborer  
Industry or business in which employed Cyster

11. BIRTHPLACE Md

12. NAME Joseph Garner

13. BIRTHPLACE Md

14. MAIDEN NAME Solith Bishop

13a. BIRTHPLACE Md

14. INFORMANT Joseph Garner  
(Address) Delmar, Md

20. Place of Burial St. John Cem. Date May 18 1947

21. UNDERTAKER Passino & Richman  
(Address) Port Deposit

16. RECEIVED May 16, 1947 W. E. Hart  
Local Registrar.

17. DATE OF DEATH May 14 1947

18. I HEREBY CERTIFY, That I, attended deceased from May 14 1947, 1947, to VIEWED May 11 1947.  
I last saw h..... alive on May 14 1947, 1947. Death is said to have occurred on the date stated above, at 11 m.  
The cause of death was:  
Drowning Accidental  
Date of onset May 14 1947

Contributory causes of importance not related to principal cause:

Name of operation..... Date of.....  
What test confirmed diagnosis?.....  
Was there an autopsy?.....  
Accident, suicide, or homicide? accident  
Date of injury..... 19.....  
Where did injury occur May 14 1947  
Specify whether injury occurred in industry, in home, or in public place fell from Cyster boat  
Manner of injury while at work  
Nature of injury while at work  
Was disease or injury in any way related to occupation of deceased?.....  
(Physician) Richard S. Crowner, M. D.  
(Address) Delmar