

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

6377
 Do not use this space.

DEC'D MAR 15 1939

1. PLACE OF DEATH

(a) County DeKalb Registration District No. 267
 (b) Township Polk Primary Registration District No. 4161 Registered No. _____
 (c) City Union Star, Mo (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 1 yrs. 4 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 630 Henry B. Garrett St. (If nonresident, give city or town and State)
Union Star, Mo (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary A. Garrett
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 28-1864
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 4 7
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) Oct 1937 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeKalb Co Mo

FATHER 13. NAME Francis M. Garrett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER 15. MAIDEN NAME Catherine Kostl

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chamberland County Pennsylvania

17. INFORMANT (ADDRESS) Paul J. Garrett Union Star Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star DATE Feb. 6 1939

19. FUNERAL DIRECTOR (ADDRESS) Lucile M. Wilson King City, Mo

20. FILED 2-5 1939 E. M. Reynolds Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 4 1939 to Feb 4 1939
 I last saw him alive on Nov 20 1938 Death is said to have occurred on the date stated above, at 9:15 AM
 The principal cause of death and related causes of importance were as follows:

Date of onset 2-4-39
Apoplexy
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chemical (Was there an autopsy?) _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19 _____
 Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) E. M. Reynolds M. D.

(Address) Union Star Mo

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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.

RECEIVED

Public Health Officer No. 117

Dist. No. 38-81

Date Filed MAR 9 1924

STATEMENT BY LICENSED EMBALMER

I, Lucile M. Wilson....., Licensed Embalmer No. 2830

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Lucile M. Wilson.....

Licensed Embalmer No. 2830

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)