FEB 22 1927

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

Do not use this space.

312

1. PLACE OF DEATH
County Pauller — Registration District No. 89 — File No.
Township Poplar Bluff — Primary Registration District No. 5131 — Registered No. 25
City (No. St. Ward)

2. FULL NAME John Garrett
(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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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 Mealy Garrett

6. DATE OF BIRTH (MONTH, DAY AND YEAR) About 1848

7. AGE: About 82 YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) Dant Knox
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER (Unknown) Garrett
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dant Knox
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Dant Knox
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dant Knox
(STATE OR COUNTRY)

14. INFORMANT John C. Garrett
(Address) Poplar Bluff Mo RR. 3 Box 57

15. FILED 2-5-1927 W. S. Bailey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 25 - 1927

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 8 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Unknown No doctor
Probability Heart trouble
He had been bothered
With his heart but had not
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Been treated by a doctor.
Found dead in bed.
(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) J J Frank Coroner ~~M.D.~~
1-26, 1927 (Address) Poplar Bluff Mo

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Oak Hill Grove Yard — DATE OF BURIAL: Jan 27 1927

20. UNDERTAKER: J J Frank — ADDRESS: Poplar Bluff 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.