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

Do not use this space.

22229 c

File No. 6

Registered No. 325

1. PLACE OF DEATH

County: Ralls

Registration District No. 728

Township: Clay

Primary Registration District No. 5961

City: ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Carrie Garrett

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. 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)
Female	White	Widowed Garrett

5a. If Married, Widowed, or Divorced — Husband of (or) Wife of: William Garrett

6. DATE OF BIRTH (Month, day and year): Feb. 11, 1843

7. AGE	Years	Months	Days	If less than 1 day, ... hrs. or ..... min.
	84	5	8	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer): At home

(c) Name of employer .....

9. BIRTHPLACE (City or town) .....
(State or country): Louisville. Ky.

PARENTS

10. NAME OF FATHER: Joseph Graves

11. BIRTHPLACE OF FATHER (City or town) .....
(State or country): Dont know

12. MAIDEN NAME OF MOTHER: Anna Quoiles

13. BIRTHPLACE OF MOTHER (City or town) .....
(State or country): Dont know

14. Informant: R. J. Stevens
(Address): Palmyra, Mo.

15. Filed 26, 1927 Mrs Hank Pettitt
Sub Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (Month, day and year): July 14 1927

17. I HEREBY CERTIFY, That I attended deceased from July 3, 1927, to July 18, 1927, that I last saw h. alive on July 18, 1927, and that death occurred, on the date stated above, at 4 o'clock p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia Agilans
87 P
SHB 167

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): General Debility

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED: Lived in Salisbury
IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) F. A. Rosell, M. D.

, 19 (Address) 124 Broadway, Hannibal 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: Slater, Missouri

DATE OF BURIAL: 7/20/ 1927

20. UNDERTAKER: Lewis Bros

ADDRESS: Palmyra 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.