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

Do not use this space.

1. PLACE OF DEATH

County: Vernon — Registration District No. 875 — File No. 23423 B

Township: Washington — Primary Registration District No. 6162 — Registered No. 190

City: ~~[illegible]~~ (No. ..... St. ..... Ward)

2. FULL NAME Edmonia Garnett

(a) Residence. No. Belton, Mo. 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. 3 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1855 D.K.

7. AGE — YEARS: 72 — MONTHS: A. — DAYS: R. — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) D.K.
(STATE OR COUNTRY) " "

PARENTS

10. NAME OF FATHER: D.K.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) D.K.
(STATE OR COUNTRY) " "
12. MAIDEN NAME OF MOTHER: D.K.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) D.K.
(STATE OR COUNTRY) " "

14. INFORMANT Hosp. Records
(Address) Nevada, Mo.

15. FILED 10/26 1927 E. R. Kiesig REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 24, 1927

17. I HEREBY CERTIFY, That I attended deceased from April 25, 1927, to July 24, 1927 that I last saw her alive on July 23, 1927 and that death occurred, on the date stated above, at 2:15 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Colitis
12 DB
16 B
114 B
(duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Senile Psychosis
D.K. (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
0 DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? ~~[illegible]~~ No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) S. G. McKoy, M.D.
7/24, 1927 (Address) Nevada, 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: Belton Mo. — DATE OF BURIAL: 7/24 1927

20. UNDERTAKER: Turpin's Nevada Mo. — ADDRESS

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.

$$\begin{array}{r} 25 \\ 10 \\ 10 \\ \hline 45 \end{array}$$