

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.

SEP 30 1927

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

Do not use this space.

25220

1. PLACE OF DEATH

County Randolph
Township
City Moberly (No.)

Registration District No. 735
Primary Registration District No. 3034

File No.
Registered No. 140
St. Ward)

2. FULL NAME

Louise Garrett

(a) Residence. No. 730 North Market St., 1st 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female white

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

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

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

July 2 1873

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>54</u>	<u>1</u>	<u>4</u>	<u>-</u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Randolph Co

10. NAME OF FATHER

J. E. Cooley

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Chariton County

12. MAIDEN NAME OF MOTHER

Julia Rice

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Randolph County

14.

INFORMANT J. H. Garrett
(Address) Yslasgow Miss

15.

FILED 8/9 1927 J. H. S. Sleming
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Aug 6 1927

17. HEREBY CERTIFY, That I attended deceased from July 10, 1927, to Aug 6, 1927 that I last saw her alive on Aug 1, 1927, and that death occurred, on the date stated above, at 11:45 a. m.

THE CAUSE-OF-DEATH* WAS AS FOLLOWS:

Exophthalmic Goitre
59
10 to 15 (duration) 15 yrs. mos. da.
CONTRIBUTORY also Diabetes melitus
(SECONDARY) (duration) 10 yrs. mos. da.

18. WHERE DISEASE DEVELOPED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) G. L. McCormick, M. D.

8/9 1927 (Address) Moberly 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

DATE OF BURIAL

Oakland Cemetery

Aug 8 1927

20. UNDERTAKER

ADDRESS

Tom Patton

Hunterville

