

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

Do not use this space.

1. PLACE OF DEATH
County Boone Registration District No. 73
Township Columbia Primary Registration District No. 3006
City Columbia (No.) St. Ward

2. FULL NAME Irvin Garrett
(a) Residence No. 624 N. 4th St. 1st Ward. (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.

12276

File No. 62Registered No. St. Ward

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 3 13

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-10 1928

17. I HEREBY CERTIFY, That I attended deceased from 4-10 1928 to 4-10 1928 that I last saw him alive on 4-10 1928, and that death occurred, on the date stated above, at 11:40 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia
11:40
10:00
duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Influenza
duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, (Did an operation precede death) no DATE OF WAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS? 4/11 (Signed) W. P. DeSart, M.D./11, 1928 (Address) Columbia, 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

Walnut Grove 4-13 1928

20. UNDERTAKER ADDRESS

W. A. Vandeventer Columbia, Mo.9. BIRTHPLACE (CITY OR TOWN) Virginia
(STATE OR COUNTRY)10. NAME OF FATHER Jaynes Garrett11. BIRTHPLACE OF FATHER (CITY OR TOWN) Virginia
(STATE OR COUNTRY)12. MAIDEN NAME OF MOTHER Do not know13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Do not know
(STATE OR COUNTRY)14. INFORMANT May E. Garrett
(Address) Columbia, Mo.15. FILED 4/12 1928 E. S. Beahm REGISTRAR

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

ALL INFORMATION CALLED
 FOR MUST BE WRITTEN ON
 THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Boone Registration District No. 73 File No. 62
 Township Columbia Primary Registration District No. 3004 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Irwin 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-10-1928

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 27, 1856

THE CAUSE OF DEATH WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 3 13

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____ (duration) _____ yrs. _____ mos. _____ ds.

(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) _____

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) _____, M. D.

, 19 _____ (Address)

*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.

10. NAME OF FATHER _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER _____

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

14. INFORMANT (Address) _____

19. PLACE OF BURIAL, CREMATION, OR REMOVAL _____ DATE OF BURIAL _____ 19 _____

15. FILED 5-15-27 Beatrice Quobly REGISTRAR

20. UNDERTAKER _____ ADDRESS _____

REGISTRATION is very important. EXACT STATEMENT OF OCCASION IS VERY IMPORTANT. NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW. REGISTRATION is very important. EXACT STATEMENT OF OCCASION IS VERY IMPORTANT. NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

S-12276