

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

Do not use this space

45457

15928

JUN 5

1. PLACE OF DEATH  
 County Washington Registration District No. 1090 File No. 114  
 Township Walton Primary Registration District No. 6190 Registered No. 114  
 City (No. ....) St. .... Ward .....

2. FULL NAME Lando Garrison  
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**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) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 20-1908

7. AGE: YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
19 10 29

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Common Labor  
 (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) Apr. 19 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar. 19 1928, to Apr. 19 1928 that I last saw him alive on Feb. 17 1928, and that death occurred, on the date stated above, at 6 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pulmonary Tuberculosis  
Sis

250 (duration) 1 yrs. 3 mos. 0 da.

9. BIRTHPLACE (CITY OR TOWN) Crawford Co. Mo.  
 (STATE OR COUNTRY)

10. NAME OF FATHER J.B. Garrison

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Crawford Co. Mo.  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lena Brown

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

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) L. F. Thurman, M. D.  
4-20, 1928 (Address) Potosi, Mo

14. INFORMANT Mrs. J.B. Garrison  
 (Address) Barryman, Mo

15. FILED 424 25 1928 Jed Hill  
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Center Post Cemetery DATE OF BURIAL Apr 21 1928

20. UNDERTAKER Shark & Shark ADDRESS Potosi 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.

