

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

Do not use this space.

19633

1. PLACE OF DEATH

County Stone.
Towship Williams.
City..... (No.....)

Registration District No. 847.212.
Primary Registration District No. 6112.

File No.
Registered No.
St. Ward)

2. FULL NAME Daniel B. 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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 21, 1868.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 1. 22.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Missouri.
(STATE OR COUNTRY)

10. NAME OF FATHER Isam Garrison.

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

12. MAIDEN NAME OF MOTHER Lydia L. Stone.

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

14. INFORMANT Walter L. Keeland.
(Address) Nauvoo, Mo.

15. FILED 5-15-28 J. C. Buffell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 14, 1928.

17. I HEREBY CERTIFY That I attended deceased from Jan. 12, 1928 to May 14, 1928.
that I last saw him alive on May 2, 1928, and that death occurred, on the date stated above, at 8:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis of the Lungs.

23A
31
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. da.

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) C. E. Miller M. D.
5/15, 1928 (Address) Blue Eye, 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 McCullough Cemetary. DATE OF BURIAL 5/15/1928.

20. UNDERTAKER J. O. Benson ADDRESS Nauvoo, 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.

JUL 10 1928

