

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

Do not use this space.

21553

**1. PLACE OF DEATH**

County, Putnam

Registration District No. 718

File No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. 0430

Registered No. 28

City, Unionville, (No. \_\_\_\_\_)

St. \_\_\_\_\_

Ward) \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Dair, 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**

**2. SEX**

M

**4. COLOR OR RACE**

W.

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

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

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

June 5 1928

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(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 \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

MO

**10. NAME OF FATHER**

C. G. Garrett

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

MO

**12. MAIDEN NAME OF MOTHER**

China Bramhall

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

MO

**14.**

INFORMANT

(Address)

C. G. Garrett  
Unionville, MO.

**15.**

FILED

6-6-28

1928

J. H. Halman

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

June 6 1928

**17.**

I HEREBY CERTIFY That I attended deceased from

June 5 1928, to June 6 1928  
that I last saw h. a. m. alive on June 5 1928, and that death occurred, on the date stated above, at 3:20 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Atelectasis

159 (duration) yrs. mos. 1 da.

**CONTRIBUTORY (SECONDARY)**

Pneumonia

(duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTACTED**

IF NOT AT PLACE OF DEATH

**18. DID AN OPERATION PRECEDE DEATH? DATE OF**

**18. WAS THERE AN AUTOPSY?**

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

J. M. Martin, M. D.

(Address)

Unionville

\*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**

Unionville MO.

June 6 1928

**20. UNDERTAKER**

**ADDRESS**

F. D. Husted & Son

Unionville 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.

