

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.

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

22149

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No.....

791

Primary Registration District No.....

1009

File No.....

Registered No.....

6324

St.....

Ward.....

2. FULL NAME

(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 110 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS**3. SEX**

Female

4. COLOR OR RACE

Col.

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

married

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

Stuffed Juniors

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

Mar. 27 1868

7. AGE

YEARS

MONTHS

DAYS

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

60

25

10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Nil

(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)

Miss.

10. NAME OF FATHER

Nath Garrett

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Miss.

12. MAIDEN NAME OF MOTHER

Fannie Regan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Miss.

14.INFORMANT
(Address)

Anna F. Woodard
City Hospital #2

15.

FILED

JUN 14 1928

Mar O. Starkey
REGISTRAR

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

June 7, 1928

17.

I HEREBY CERTIFY, That I attended deceased from 5/23, 1928, to 6/7, 1928, that I last saw him alive on 6/7, 1928, and that death occurred, on the date stated above, at 8:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of uterus

(duration) 1 yrs. 1 mos. 0 ds.**CONTRIBUTORY (SECONDARY)**

46 (duration) 1 yrs. 1 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. J. Thomas, M. D.Address City Hospital #2

*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**

Washington Park

6-17 1928

20. UNDERTAKER**ADDRESS**

Lester

4107 Finney

100

100