V 20 1928

343

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

Do not use this space.

32773

1. PLACE OF DEATH

County Buchanan — Registration District No. ..... — File No. .....

Township ..... — Primary Registration District No. ..... — Registered No. 1168

City St Joseph (No. State Hosp. #2. ..... St. ..... Ward)

2. FULL NAME James F. Garnett

(a) Residence. No. State Hosp # ..... St., ... Ward. Liberty, Mo.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 26 ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unk. 1850

7. AGE — YEARS: 78 — MONTHS: ✓ — DAYS: Unknown ✓ — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(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

PARENTS

10. NAME OF FATHER ✓ Unknown

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

12. MAIDEN NAME OF MOTHER ✓ Unknown

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

14. INFORMANT Records State Hosp #2
(Address) St Joseph Mo

15. FILED OCT 10 1928 ..... 19.. John G. Utz, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct, 10, 1928 19

17. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1928, to Oct 10, 1928 that I last saw him alive on Oct 10, 1928 and that death occurred, on the date stated above, at 10.00 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senile Exhaustion

162

164 (duration) Not known yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? ✓

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) R D Curtis, M. D

Oct 10, 1928 (Address) St Joseph 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: Liberty, Missouri

DATE OF BURIAL: Oct, 12, 1928

20. UNDERTAKER: Walter Meierhoffer

ADDRESS: 1302 Faraon St.

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.