

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

Do not use this space.

35446

1. PLACE OF DEATH  
 City or Town Jackson Registration District No. 398  
 County Franklin Primary Registration District No. 3019  
 Precinct Independence No. 134 6 Farmer St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Hossie Garnell  
 (a) Residence. No. 134 6 Farmer 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Fr. 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 6, 1888

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
39 | 10 | 20

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Housework  
 (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) Missouri

10. NAME OF FATHER John Garnell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Ann Bush

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Mo.

14. INFORMANT Luella Jackson (Address) 134 6 Farmer

15. FILED 11/15 1928 F. H. COOK REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/7/28 19 28

17. I HEREBY CERTIFY That I attended deceased from Oct 7, 1928, to Oct 7, 1928, that I last saw him alive on Oct 7, 1928, and that death occurred, on the date stated above, at 4:20 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

131  
131 Chronic Nephritis  
 (duration) 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY Uremia Convulsions  
 (SECONDARY) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS? Sig. Tests  
 (Signed) Samuel J. Shiffon M. D.  
 (Address) 10/27 1928 Independence 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 Stoodlawn Cem DATE OF BURIAL 10/7/28 1928

20. UNDERTAKER Watkins Bros ADDRESS 1709 Lydia

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—THIS IS A PERMANENT RECORD

S. L. Griffin.