

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

Do not use this space.

37023

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Franklin Primary Registration District No. 1002
City Kennett City Mo. (No. Research Hwy)

File No. _____
Registered No. 4673
St. _____ Ward _____

2. FULL NAME

Jacob A. Garrett
(a) Residence No. Humbolt Tenn. St. _____ Ward _____
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 2 - 1867

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>61</u>			<u>18</u>	

8. OCCUPATION OF DECEASED Farmer
(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) Humbolt Tenn.
(STATE OR COUNTRY)

10. NAME OF FATHER Frank Garrett

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

12. MAIDEN NAME OF MOTHER Leanna Arnold

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

14. INFORMANT J. W. Clement
(Address) Humbolt Tenn.

15. FILED 11/21, 1928 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 20 1928

17. I HEREBY CERTIFY, That I attended deceased from 11-5 to 11-20, 1928
that I last saw him alive on 11-20, 1928, and that death occurred, on the date stated above, at 10:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Embolism into L. lung following operation for cancer of rectum
(duration) yrs. mos. da. _____
CONTRIBUTORY (SECONDARY) Caecum Rectum
(duration) 1 yrs. 6 mos. da. _____

18. WHERE WAS DISEASE CONTRACTED 45
IF NOT AT PLACE OF BIRTH _____

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 11-20-28
WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Path.
(Signed) B. D. Pruehl, M. D.
11/21, 1928 (Address) 926 Mc Kee

*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 Humbolt Tenn. DATE OF BURIAL Nov 21 - 1928

20. UNDERTAKER John W. Wagner ADDRESS 12409 Grand Ave

WRITE PAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

11/11/2002