

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

Do not use this space.

6455

1. PLACE OF DEATH

County Jackson
Township 1st Ward
City Kangaslety

Registration District No. 399
Primary Registration District No. 1002
No. 4310 Charlotte

File No. _____
Registered No. 615
St. _____ Ward) _____

2. FULL NAME

(a) Residence. No. 4310 Charlotte St., _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 9 yrs. _____ mos. _____ da. How long in U.S., if of foreign birth? yrs. _____ mos. _____ da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 30, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
74 8 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Shoe repairer
(b) General nature of industry, business, or establishment in which employed (or employer) 932
(c) Name of employer 750

9. BIRTHPLACE (CITY OR TOWN) Hillsboro
(STATE OR COUNTRY) Va.

10. NAME OF FATHER Geo F. Garrett

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

12. MAIDEN NAME OF MOTHER Elizabeth Rensler

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

14. INFORMANT Mrs. F. J. McHugh
(Address) 4310 Charlotte

15. FILED 2-7-29 M M Come
REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 6 19 29

17. I HEREBY CERTIFY That I attended deceased from Aug 1 1928 to Feb 6 1929 that I last saw him alive on Feb 6 1928, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
Ventricular Fibrillation
(duration) 2 yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY) none
(duration) _____ yrs. _____ mos. _____ da.

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? Clinical only
(Signed) Roy F. McHugh M. D.
(Address) 300 Cayle Bldg 14 E

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill DATE OF BURIAL Feb. 8 1929.

20. UNDERTAKER D. H. Newcomer's Sons ADDRESS K. C. Mo.

WRITE PLAINLY, 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.

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3-6-1947
Nov, 1947
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