

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

Do not use this space.

25961

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

File No. ....

Township.....

Primary Registration District No. **008**

Registered No. **7145**

City **St. Louis** (No. **City of St. Louis**)

St. **Ward**

**2. FULL NAME**

**Abbott A. Garrison**

(a) Residence. No. **906 1/2 Broadway 12 W.**

(If nonresident give city or town and State)

Length of residence in city or town where death occurred **30** yrs. mos. da.

How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

**Male**

**4. COLOR OR RACE**

**White**

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

**Widowed**

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

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

**Jan 16 - 1852**

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
77	5	19	

**8. OCCUPATION OF DECEASED**

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

**Stamping Pattern**

(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)

**Pennsylvania**

**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)

**See father's information**

**14. INFORMANT**

(Address)

**Central Hospital**

**15. FILED**

19 **JUL - 8 1923**

**Max U. Starbuck**

REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

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

**July 5 1923**

I HEREBY CERTIFY That I attended deceased from **June 29 1923** to **July 5 1923** that I last saw him alive on **July 5 1923** and that death occurred, on the date stated above, at **9:30 P.M.**

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

**Cerebral Hemorrhage**

**CONTRIBUTORY (SECONDARY)**

**Chronic Myocarditis & Arterial Sclerosis**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF BIRTH.....

**DID AN OPERATION PRECEDE DEATH?**

WAS THERE AN AUTOPSY.....

**WHAT TEST CONFIRMED DIAGNOSIS?**

**7/6 (Signed) Carl J. Hoyle, M.D. 1923 (Address) City of St. Louis**

\*State the DISEASE CAUSING DEATH, or in death from VIOLENCE 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**

**National Cem**

**7/8 1923**

**20. UNDERTAKER**

**ADDRESS**

**Chapman & Co 7814 S. Belmont**

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.

Yamington