

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

Do not use this space.

29141

1. PLACE OF DEATH

County..... Registration District No. 797
 Township..... Primary Registration District No. 273
 City St. Louis, Mo (No.) Sanitarium St. Ward)

File No.
 Registered No. 8268

2. FULL NAME

John Garrett
 (a) Residence, No. 1202 Power Grove Bldg 13 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred 15 yrs. + mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>		4. COLOR OR RACE <u>white</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rose Garrett</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct. 5 - 1860</u>					
7. AGE	YEARS <u>68</u>	MONTHS <u>10</u>	DAYS <u>6</u>	If LESS than 1 day, hrs. or min.	
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <u>Miner</u>					
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Unknown</u>					
(c) Name of employer <u> </u>					
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>					
PARENTS	10. NAME OF FATHER <u>Unknown</u>				
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>South Carolina</u>				
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>				
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>				
14. INFORMANT <u>J.R. Summers</u> (Address) <u>5300 Arsenal</u>					
15. FILED <u>May 21 1929</u> <u>W.C. Stanley</u> REGISTRAR					

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 11th 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug. 5th 1929, to Aug. 11th 1929, and that I last saw him alive on Aug. 10th 1929, and that death occurred, on the date stated above, at 5:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
73

CONTRIBUTORY (SECONDARY) Atherosclerosis
 (duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? **DATE OF**

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J.R. Summers, M. D.
8/11 1929 (Address) 5300 Arsenal

*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 <u>St Matthews Cem</u>	DATE OF BURIAL <u>Aug 12 - 1929</u>
20. UNDERTAKER <u>Jno Ambroster Inc Co</u>	ADDRESS <u>4234 Manchester</u>

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.

