

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.

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

Do not use this space.

1. PLACE OF DEATH  
 County..... Oregon Registration District No..... 38-5833  
 Township..... Big Apple Primary Registration District No..... 5545  
 City..... (No.....) St..... Ward.....  
 2. FULL NAME..... Ora Emma Garrison  
 (a) Residence. No..... St..... Ward..... (If nonresident give city or town and State)  
 (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.

631  
13495  
5

PERSONAL AND STATISTICAL PARTICULARS

3. SEX..... Female  
 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..... Rad B Garrison  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR)  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
17 | 11 | 23 | 2 | 23  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work..... Home wife  
 (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)..... Wright Co. Mo  
 10. NAME OF FATHER..... Nathan Richards  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)..... Wright Co. Mo.  
 12. MAIDEN NAME OF MOTHER..... Martha J. Wings  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)..... Wright Co. Mo.

14. INFORMANT..... Nathan Richards  
 (Address)..... Kashburn Mo  
 15. FILED..... May 16 1930  
H. A. Thompson  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)..... April 26 1930  
 17. I HEREBY CERTIFY, That I attended deceased from.....  
April 22 1930 to April 25 1930  
 that I last saw h..... alive on..... April 25 1930, and that death occurred, on the date stated above, at.....  
5-2-a-m  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute Infusions  
Typhoid meningitis  
999 (duration) yrs. mos. da. 5  
 CONTRIBUTORY (SECONDARY)..... 1100 (duration) yrs. mos. da.  
 18. WHERE WAS DISEASE CONTRAICTED.....  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....  
 WAS THERE AN AUTOPSY.....  
 WHAT TEST CONFIRMED DIAGNOSIS.....  
 (Signed)..... Frank Gallec, M. D.  
 , 19..... (Address)..... Kashburn 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..... Weyside Cemetery -  
 DATE OF BURIAL..... Apr 26 1930  
 20. UNDERTAKER..... No undertaker  
 ADDRESS..... Kashburn Mo



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Oregon Registration District No. 631 File No. \_\_\_\_\_  
 Township Big Apple Primary Registration District No. 5833 Registered No. 3  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Ola Emma Garrison  
 (a) Residence. No. \_\_\_\_\_ 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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rad B. Garrison

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 1891

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
17 months 23 13

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Housewife  
 (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) Wright Co Mo

10. NAME OF FATHER Nathan Richards

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Wright Co Mo

12. MAIDEN NAME OF MOTHER Eda J. Minge

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Wright Co Mo

14. INFORMANT Nathan Richards  
 (Address) Koshkonong Mo

15. FILED July 30, 1930 W. B. Auerman REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 26 1930

17. I HEREBY CERTIFY That I attended deceased from Apr 22 1930 to Apr 25 1930 that I last saw him alive on Apr 25 1930, and that death occurred, on the date stated above, 5 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Acute Infection  
Leptomeningitis  
 (duration) yrs. mos. ds. 3

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. 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. Frank Gulie, M. D.  
 , 19 (Address) Koshkonong 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 Wayside Cemetery DATE OF BURIAL Apr 26 1930

20. UNDERTAKER No undertaker ADDRESS Koshkonong Mo

WRITE PLAIN FADING INK...THIS IS A PERMANENT RECORD

N. B.—Every item of information carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms. it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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