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

Do not use this space.

40157

JAN 20 1931

1. PLACE OF DEATH
County Monroe — Registration District No. 581 — File No.
Township Monroe — Primary Registration District No. 4343 — Registered No. 27
City Monroe City (No. 401 East Cleveland St. Ward)

2. FULL NAME Thomas Bryant Garnett.
(a) Residence. No. 401 East Cleveland St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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~~ Effie Jane Garnett

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 15-1866

7. AGE: YEARS 64 — MONTHS 3 — DAYS 7 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Telephone Sup Visor
(b) General nature of industry, business, or establishment in which employed (or employer): Several years
(c) Name of employer: —

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Monroe Co Missouri

PARENTS
10. NAME OF FATHER: Thomas B. Garnett
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Mary Reily
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

14. INFORMANT: Louis Garnett
(Address) Monroe City Mo.

15. FILED 12/23, 1930 O. W. Wilson Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 22nd 1930

17. I HEREBY CERTIFY, That I attended deceased from June 1st, 1930, to Dec 22nd, 1930, that I last saw him alive on Dec 22nd, 1930, and that death occurred, on the date stated above, at 11.55 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Cholecystitis
127B
(duration) 2 yrs. — mos. — ds.

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

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?
(Signed) M. D. Pipkins M. D.
12/23, 1930 (Address) Monroe City 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: Sturgeon Mo. — DATE OF BURIAL: 12-24 1930

20. UNDERTAKER: Wilson + Son — ADDRESS: Monroe City Mo.

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.