

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 very important.

*Whittaker*

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

Do not use this space.

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1. PLACE OF DEATH

County *Cooper* Registration District No. *218*  
Township *Boonville Mo.* Primary Registration District No. *2015*  
City *Boonville Mo.*

File No. *4*  
Registered No. *218*  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME *Shannon Garrett*

(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 *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Dec 28-1890*  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*40* *6* *11*

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work *Apt House Keeper*  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) *Boone Co Mo!*  
(STATE OR COUNTRY)

10. NAME OF FATHER *James Garrett*

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

12. MAIDEN NAME OF MOTHER *Bettie Thurston*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Boone Co Mo!*  
(STATE OR COUNTRY)

14. INFORMANT *Mrs S O Garrett*  
(Address) *Boonville Mo*

15. FILED *1/10 31* 19 *31* *J. Purcell*  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Jan 8 1931*  
17. I HEREBY CERTIFY, That I attended deceased from *Jan 4<sup>th</sup>* 19 *31* to *Jan 7* 19 *31* that I last saw h. *in* alive on *Jan 7* 19 *31*, and that death occurred, on the date stated above, at *5:30 a.m.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*Bronchopneumonia - 3 days*  
*Chronic Interstitial Nephritis*  
*59*  
*135*  
*107* (duration) *indefinite* yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) *Diabetes Mellitus* (duration) *2* yrs. mos. ds.

18. WHEN WAS DISEASE CONTRACTED \_\_\_\_\_  
NOT AT \_\_\_\_\_ OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? *no* DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *Clinical & lab. findings*  
(Signed) *Walter H. Whitman* M. D.  
, 19 (Address) *Boonville, Mo.*

\*State the MANNER 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 *Boonville Mo* DATE OF BURIAL *1/10 19 31*  
*Walnut Grove Cem*

20. UNDERTAKER *Goodman & Keller* ADDRESS *Boonville Mo*

