

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

Do not use this space.

1788

1. PLACE OF DEATH

County Jasper Registration District No. 411
 Township Jasper Primary Registration District No. 2042
 City Joplin (No. St. Johns Hospital) (Ward)

File No. _____
 Registered No. _____

2. FULL NAME

(a) Residence. No. 2120 Connor Ave 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov 14--1916</u>		
7. AGE	YEARS <u>14</u>	MONTHS <u>2</u>
	DAY <u>10</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Student</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		

9. BIRTHPLACE (CITY OR TOWN) Joplin
 (STATE OR COUNTRY) Mo, 1

PARENTS

10. NAME OF FATHER <u>John D. Garrison</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Pattonville, Mo.</u>
12. MAIDEN NAME OF MOTHER <u>Ida Plunket</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Joplin</u>

14. INFORMANT John D. Garrison
 (Address) Joplin Mo.

15. FILED 1-31-31 Abimon Clark
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 29 1931

17. 2 I HEREBY CERTIFY, That I attended deceased from Jan 29 1931 to Jan 29 1931, 1931 that I last saw deceased on Jan 29 1931 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS
Natural causes - Probably
valvular heart disease
92A

(duration) yrs. mos. ds.
92A

CONTRIBUTORY (SECONDARY) 92A
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH. _____ DATE OF _____

20. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) Sam Summers M. D.
1/29 1931 (Address) Connor Jasper Co

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Johns Hosp DATE OF BURIAL 1-29 1931

20. UNDERTAKER St. Johns Hosp ADDRESS Joplin Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

X. E.—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.

1-31-31

