MAR 23 1[redacted]

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

Do not use this space.

85

4661

File No.

Registered No. 182

1. PLACE OF DEATH

County Buchanan — Registration District No.

Township Washington — Primary Registration District No. 1001

City St. Joseph (No. St. Joseph Hospital St. Ward)

2. FULL NAME William C. Garrett

(a) Residence. No. ~~Fillmore~~ St., Ward. Fillmore Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Helen Garrett

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 15, 1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	51	4	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer 1
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Virginia

PARENTS
10. NAME OF FATHER L.C.Garrett
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown 91
12. MAIDEN NAME OF MOTHER Helen Collins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Virginia 2

14. INFORMANT Paul Garrett
(Address) Fillmore, Mo.

15. FILED FEB 17 1931, 19.... John R. Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH 1

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 17 1931

17. I HEREBY CERTIFY, That I attended deceased from Viewed ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 3:20 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Injuries Received When Deceased Car Collided With Truck in Andrew County - Neither driver drunk or Blinded by lights (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) none
(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED 210M
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) B.W. Tadlock Coroner M. D.
2/17, 1931 (Address) 821 Francis

*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 Fillmore, Mo. — DATE OF BURIAL Feb 18, 1931

20. UNDERTAKER Fleeman Funeral Home Inc. — ADDRESS St. Joseph 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.