

MAR 27 1931

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

Do not use this space.

6837

1. PLACE OF DEATH

St. Louis  
County St. Ferdinand  
Township Kinloch Mo.  
City (No) St. Ward

Registration District No. 784  
Primary Registration District No. 6030

File No.  
Registered No.

2. FULL NAME

Blora Garrison  
St. Kinloch Mo. St. Ward

(a) Residence. No. (Usual place of abode)  
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
4. COLOR OR RACE Col.  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (circle the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 25-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
73 1 17

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

9. BIRTHPLACE (CITY OR TOWN) Wickburg, Miss.  
(STATE OR COUNTRY)

10. NAME OF FATHER Dent K. ...

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

12. MAIDEN NAME OF MOTHER Clara ...

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Miss.  
(STATE OR COUNTRY)

14. INFORMANT Henry ...  
(Address) St. Kinloch Mo.

15. FILED 3-3 1931 St. Louis, Mo. REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 12 1931

17. I HEREBY CERTIFY, That I attended deceased from 1902 to Feb. 12 1931 that I last saw him alive on 2/12 1931 and that death occurred, on the date stated above, at 11:10 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

02 Central Hemorrhage  
8% D (duration) yrs. 12 mos. ds.

CONTRIBUTORY Paralysis (SECONDARY) (duration) yrs. 3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS (Signed) W.P. ... M. D.

7/3 1931 (Address) St. Kinloch 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 Washington Park  
DATE OF BURIAL Feb. 16 1931

20. UMBERTAKER Almer E. Pettis  
ADDRESS 803 Bell

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.

W. H. Arthur  
S. H. H. H.  
H. H. H. H.

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