

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

Do not use this space.

19017

**1. PLACE OF DEATH**

County Randolph Registration District No. 736  
 Township Prairie Primary Registration District No. 5864  
 City (No. St. Ward)

**2. FULL NAME Geneva Cottingham Garrison**

(a) Residence, No. St. Ward. (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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 10<sup>th</sup> 1904</u>		
7. AGE YEARS <u>26</u>	MONTHS <u>8</u>	DAYS <u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
13. NAME <u>Ernest Cottingham</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
15. MAIDEN NAME <u>Ada Forrest</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
17. INFORMANT <u>H.M. Garrison</u> (ADDRESS) <u>East Lynn Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Hope</u> DATE <u>5-23<sup>rd</sup> 1931</u>		
19. UNDERTAKER <u>Mahan 4<sup>th</sup> Son</u> (ADDRESS) <u>Moberly Mo</u>		
20. FILED <u>May 30 1931</u> <u>J. K. Kuntz</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21<sup>st</sup> 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1931, to May 21, 1931  
 I last saw h. alive on May 21, 1931. Death is said to have occurred on the date stated above, at 8:00 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Pulmonary tuberculosis with Bacterioides followup by T.B. - unimp  
 Date of onset 3H  
 Other contributory causes of importance 23

Name of operation ✓ Date of ①  
 What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ✓ Date of injury 19  
 Where did injury occur? ✓ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓  
 Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓  
 If so, specify PA Woods (Signed) Charles W. C., M. D.  
 (Address) Clark 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.

MAY 29 1931

