

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

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.

JUL 25 1931

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

Do not use this space.

22059

1. PLACE OF DEATH

County Marion Registration District No. 527
Township Bever Primary Registration District No. 5203
City Paris Mo (No.) St. Ward)

2. FULL NAME Edward B. Garrison

(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 <u>Male</u>	4. COLOR OR RACE <u>white</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>Oct 10 - 1873</u>		
7. AGE	YEARS	MONTHS
	<u>57</u>	<u>8</u>
		DAYS
		<u>2</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marion Co. Mo</u>		
FATHER	13. NAME <u>Augustus W Garrison</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marion County Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Elya F. Crawford</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Augusta County Virginia</u>	
17. INFORMANT <u>Mrs Jennie Barker</u> (ADDRESS) <u>Bever Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>West Oakwood</u> DATE <u>June 14 1931</u>		
19. UNDERTAKER <u>J. E. Edwards</u> (ADDRESS) <u>Bever Mo</u>		
20. FILED <u>6/13 1931</u> <u>Dave Edwards</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12 1931

22. I HEREBY CERTIFY That I attended deceased from June 29 1931 to June 12 1931
I last saw him alive on June 10 1931 Death is said to have occurred on the date stated above, at 7:45 a.m.
The principal cause of death and related causes of importance were as follows:

<u>Pulmonary abscess</u>	Date of onset <u>1930!</u>
<u>100% right lung</u>	
<u>111B</u>	
Other contributory causes of importance:	<u>1925!</u>
<u>Bronchitis</u>	
<u>(Bilateral)</u>	
Name of operation <u>none</u> Date of	
What test confirmed diagnosis? <u>100B</u> Was there an autopsy? <u>100B</u>	
23. If death was due to external causes (violence), fill in also the following: accident, suicide, or homicide? <u>100B</u> Date of injury <u>1931</u> 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 <u>100B</u>	
Nature of injury <u>100B</u>	
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>J. P. Ironway</u> (Signed) <u>J. P. Ironway</u> M.D. (Address) <u>Marion Mo</u>	

