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

Do not use this space.

33369

File No.
Registered No. 32

1. PLACE OF DEATH
County Sullivan
Registration District No. 852
Township
Primary Registration District No. 4518
City Milan (No. , St. Ward)

2. FULL NAME Henry Thomas Garrett

(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 64 yrs. 0 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 14, 1867

7. AGE: Years 64. Months 3 Days 1 If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) Sullivan Co.,
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER John Garrett
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Illinois
12. MAIDEN NAME OF MOTHER Sarah Whitaker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Louisville,
(STATE OR COUNTRY) Kentucky.

14. INFORMANT Andrew Garrett
(Address) Milan, Mo.

15. FILED 9/16, 1931 C. A. Schoene Sec'y Reg.
REGISTRAR Bertha McClary.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 15 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1931, to Sept. 15, 1931 that I last saw him alive on Sept. 6, 1931, and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Abscess of left lung.
Cause unknown.

131
(duration) yrs. mos. 46 ds.
CONTRIBUTORY (SECONDARY) Chronic nephritis several
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) R. L. Garner M. D.
9/16, 1931 (Address) Milan, 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 Oak Grove Cem. near Milan — DATE OF BURIAL Sept 17 1931
20. UNDERTAKER C. A. Schoene — ADDRESS Milan, Mo.

WRITE 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.