

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

Do not use this space.

39949

1. PLACE OF DEATH

County Vernon

Registration District No. 878

Township Wrywood

Primary Registration District No. 4531

City Sheldon (No. _____)

St. _____

Ward _____

2. FULL NAME

Chester Owill Garwood

(a) Residence, No. Vernon Co.

St. _____

Ward. _____

Length of residence in city or town where death occurred 7 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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

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

July 14 1914

7. AGE

17

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Former

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Student

10. Date deceased last worked at this occupation (month and year)

Oct. 1931

11. Total time (years) spent in this occupation

2 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Stoetson Missouri

FATHER

13. NAME

Charley Garwood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Butler Missouri

MOTHER

15. MAIDEN NAME

Bradie Dark

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Butler Missouri

17. INFORMANT (ADDRESS)

Charley Garwood Nevada mo

18. BURIAL, CREMATION OR REMOVAL

Buckett cabinet DATE Nov 3 1934

19. UNDERTAKER (ADDRESS)

Ferry General Home Nevada mo

20. FILED

11-2 1934 Canall T Benson Registrar

MEDICAL CERTIFICATE OF DEATH

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

Nov-1-1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Bullet in head! accidental shot by companion while hunting.

Other contributory causes of importance:

Shot with a Twenty two Rifle

Name of operation _____ Date of _____

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 shot with rifle

Nature of injury in back of head.

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) M. O. Ferry Coroner

(Address) Nevada 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

NOV 28 1934

31
B4

11
7

2
31
14

3 17