

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

Do not use this space.

7383

1. PLACE OF DEATH  
 10 County Boone Registration District No. 73  
 3 Township ..... Primary Registration District No. 3006  
 8 City Columbia (No. ....) St. .... Ward .....

2. FULL NAME Mrs. Fannie K Garrard  
 (a) Residence, No. Paris Road 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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Aug 9 - 1849

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>82</u>	<u>7</u>	<u>20</u>	

OCCUPATION

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

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) Lizette Ky 2

FATHER

13. NAME Jesse Hittell

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

MOTHER

15. MAIDEN NAME Ann Kendall

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

17. INFORMANT (ADDRESS) J. W. Garrard Columbia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Morial Park DATE 4-1-1932

19. UNDERTAKER (ADDRESS) Parmer Fun Co Columbus Mo

20. FILED 3/31/32 Allie Selby Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-29-1932

22. I HEREBY CERTIFY, That I <sup>person</sup> attended deceased from 3-29-1932, to at death, 19.....  
 I last saw h. — alive on 1931, 19..... Death is said to have occurred on the date stated above, at H.A. m.  
 The principal cause of death and related causes of importance were as follows:  
Apoplexy  
82A 82W  
97  
 Other contributory causes of importance:  
Arteriosclerosis  
Senescent

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? no 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..... X

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify.....  
 (Signed) W. P. Dyson, M. D.  
 (Address) Colebrook, 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.

APR 3 1932

