

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

Do not use this space.

19248

1. PLACE OF DEATH
 39 County Greene Registration District No. 318
 3 Township Springfield Primary Registration District No. 2001
 5 City Springfield (No. 233) W. Hampton St. _____ Ward) _____
 2. FULL NAME Fred Garland
 (a) Residence, No. 235 W. Hampton 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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) Laura Garland
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 1880
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. Apr 52
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 209
 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) Ark
 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFORMANT Laura Garland
 (ADDRESS) 235 W. Hampton
 18. BURIAL, CREMATION, OR REMOVAL PLACE Lincoln Memorial 293
 19. UNDERTAKER W. P. Campbell
 (ADDRESS) 869 Wash. Ave.
 20. FILED 6-27-1932 Ralph W. Hanson Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/26, 1932
 22. I HEREBY CERTIFY, That I attended deceased from 5-6, 1932, to 6-26, 1932
 I last saw him alive on 6-23, 1932 Death is said to have occurred on the date stated above, at 9⁰⁰ a.m.
 The principal cause of death and related causes of importance were as follows:
 Date of onset 12-1-32
Chronic gastritis with hypertension & chronic myocarditis
 131
 930
 102
 Other contributory causes of importance: Anasarca 131 0 3-1-32
 Name of operation None Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No
 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 _____
 (Signed) W. P. Campbell M. D.
 (Address) 261 Arts Springfield 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.

APR 23 1932

W. P. Campbell

