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 27 1932

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

Do not use this space.

21749

1. PLACE OF DEATH
108 County Vernon — Registration District No. 875 — File No.
Township — Primary Registration District No. 3039 — Registered No. 140
City Nevada (No. ..... St. ..... Ward)

2. FULL NAME Jessie George Garrett
(a) Residence, No. 1127 S Main St., 1 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 26 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: N
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-29-1893

7. AGE: 38 YEARS — MONTHS: 10 — DAYS: 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Automobile
10. Date deceased last worked at this occupation (month and year) 5 3 1932
11. Total time (years) spent in this occupation 26

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

FATHER
13. NAME Henry Garrett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carlton Missouri

MOTHER
15. MAIDEN NAME Lizy Carpenter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coon Station Illinois

17. INFORMANT (ADDRESS) Henry Garrett Nevada Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Moore Cemet DATE 6-5-1923

19. UNDERTAKER (ADDRESS) Ferry Funeral Home Nevada Mo.

20. FILED 6-7-1932 E. R. King Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to on June 3, 1932
I last saw he alive on June 3, 1932 Death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
accidental death	
Run over by well drill	
2055	
2057	
Other contributory causes of importance:	70

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 6/3, 1932
Where did injury occur? Nevada, Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. industry
Manner of injury run over by well drill
Nature of injury neural fractures & internal injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) F. A. Martin, M. D.
(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 [illegible] so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 27 1951

JUL 1945

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Vernon
Township Center
City Nevada Mo (No. ..... St. ..... Ward)
Registration District No. .....
Primary Registration District No. .....
File No. .....
Registered No. .....

2. FULL NAME Jesse Garrett
(a) Residence, No. 1127 S. Main St., 4 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 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 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dora Garrett
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 29 1889
7. AGE YEARS 42 MONTHS 9 DAYS 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General
10. Date deceased last worked at this occupation (month and year) June 3 1932
11. Total time (years) spent in this occupation 25

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

FATHER
13. NAME Henry Garrett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carlton Illinoise

MOTHER
15. MAIDEN NAME Lizzie Carpenter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Bandy Station Illinoise

17. INFORMANT (ADDRESS) Mrs Dora Garrett. Nevada Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Moore Cemet. DATE June 5 1932
19. UNDERTAKER (ADDRESS) Ferry Ferry Funeral Nevada Mo
20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1932
22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ....., to June 3, 1932
I last saw him alive on June 3, 1932 Death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:
accidental death
run over by drill
rig pulled by tractor

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 6/3, 1932
Where did injury occur? Nevada, Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
on street
Manner of injury run over by drill rig
Nature of injury crushed

24. Was disease or injury in any way related to occupation of deceased? yes
If so, specify machinist
(Signed) F. A. Martin, M. D.
(Address) 101½ E Cherry Nevada, Mo

SUPPLEMENTARY

21749

State of Missouri
SS
County of Vernon

[illegible] Mike E. Ferry, President of the [illegible] Ferry Funeral Home [illegible], states that the facts on the reverse side of this certificate are true to the best of his knowlege

X Mike E. Ferry
President of Ferry Funeral Home
Nevada, Missouri.

Subscribed and sworn to before me a Notary Public, this 4th day of August 1932.

Maurice E. Ferry
Notary Public.

JUL 17 1945