

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

Do not use this space.

22689

**1. PLACE OF DEATH**

48 County Jackson Registration District No. 398  
 5 Township Blue Primary Registration District No. 3019  
 8 City Independence (No. 208 E Van Horn)

File No. \_\_\_\_\_  
 Registered No. 221  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 208 E Van Horn 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 Fe 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
47 ~~2~~ ~~18~~

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Lafayette, Ky. 1

MOTHER 13. NAME Jack Arnold

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind. 31

15. MAIDEN NAME Dora Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

17. INFORMANT Emmett Garvin  
 (ADDRESS) 208 E Van Horn

18. BURIAL, CREMATION, OR REMOVAL PLACE Odessa Mo. DATE 7/7

19. UNDERTAKER Hatching Bros and Co.  
 (ADDRESS) 1729 Lydia

20. FILED July 7 1932 Black Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/5 1932

22. I HEREBY CERTIFY That I attended deceased from Apr. 10 1932 to July 5 1932  
 I last saw her alive on July 4 1932 Death is said to have occurred on the date stated above, at 4h m.  
 The principal cause of death and related causes of importance were as follows:

Chronic Nephritis  
131  
132B  
121  
Arteriosclerosis

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 \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 so, specify \_\_\_\_\_  
 (Signed) S. H. Griffin M. D.  
 (Address) Independence 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. AUG 24 1932

