

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

Do not use this space.

35131

1. PLACE OF DEATH

County Clay Registration District No. 198
Township Fishing River Primary Registration District No. 3011
City Excelsior Springs, Mo. (No. Veterans Administration Hospital Excelsior Springs, Mo.)

File No. _____
Registered No. 144 St. 3rd Ward

2. FULL NAME

Arthur Garrison

Kansas City, Kans.

(a) Residence, No. Veterans Administration Hospital, Ward. 2065 N. Springfield Blvd.
(Usual place of abode) Excelsior Springs, Mo. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 2 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) WIFE OF Estella Garrison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 1, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 2 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber 224
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) unknown 11. Total time (years) spent in this occupation unknown

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

13. NAME Elic Garrison

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

15. MAIDEN NAME Rendy (Maiden name unknown)

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

17. INFORMANT Hospital Records (ADDRESS) Veterans Hospital, Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Kans DATE 11-22 1932

19. UNDERTAKER Prather Undertakings Co. (ADDRESS) Excelsior Springs, Mo.

20. FILED 11/22 1932 Y. H. Crover Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1932, to Nov. 21, 1932

I last saw h. im. alive on Nov. 21, 1932. Death is said to have occurred on the date stated above, at 8:30 PM

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

Arterio Sclerosis

Date of onset

Other contributory causes of importance:

Mitral Stenosis

Interstitial Nephritis

Name of operation _____ Date of _____

What test confirmed diagnosis? Physical Exam. Was there an autopsy? Yes

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.

Character of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____ (Signed) Garrett V. Johnson, M. D.

(Address) Excelsior Springs, 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.

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Date of onset

(Signature)

