BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH County 19110 County 1	***************************************		De not use this space.
CERTIFICATE OF DEATH CERTIFICATE OF DEATH Compty Compty Compty Compty Compty Compty Compty Compty Compty Compty Compty Compty Compty C			
1 SCHOOL OF DEATH Commit of 1911 1911 Description De	BUREAU OF VI	•	261 -0
Ceputy 191115071 Berbatenies District No. Pitary Registration District No.		TE OF DEATH	OOTAO
Township	1. PLACE OF DEATH	111	
City (No. 1. Ward) 2. FULL NAME Mary L. Garrett St. Ward. (If socresident give city or town and State) Length at residence: in city or forwar where death occurred yrs. mee. da. How long in U.S., if of facigin brith? yrs. moe. da. PERSONAL AND STATISTICAL PARTICULARS Yrs. mee. da. How long in U.S., if of facigin brith? yrs. moe. da. PERSONAL AND STATISTICAL PARTICULARS Yrs. mee. da. How long in U.S., if of facigin brith? yrs. moe. da. PERSONAL AND STATISTICAL PARTICULARS Yrs. mee. da. How long in U.S., if of facigin brith? yrs. moe. da. PERSONAL AND STATISTICAL PARTICULARS Yrs. moe. da. How long in U.S., if of facigin brith? yrs. moe. da. PERSONAL AND STATISTICAL PARTICULARS Yrs. moe. da. How long in U.S., if of facigin brith? yrs. moe. da. PERSONAL AND STATISTICAL PARTICULARS Yrs. moe. da. How long in U.S., if of facigin brith? yrs. moe. da. MEDICAL CERTIFICATE OF DEATH was no yrs. 15. Date of DEATH yrs. yr	County Begistration District	No	File No.
2. FULL NAME	Township Primary Registration	District No.	Registered No.
2. FULL NAME (a) Residence. (b) Residence in City or form where death accurred (c) Residence in City or form where death accurred (d) Residence in City or form where death accurred (e) Residence in City or form where death accurred (f) A. How here in U.S., B of foreign birth? (ii) Residence in City or form and State) (iii) Residence in City or form and State) (iv) Residence in City or form and State) (iii) Residence in City of Farther City or form) (iv) Residence in City of Farther City or form) (iv) Residence in City of Farther City or form) (iv) Residence in City of Farther City or form) (iv) Residence in City of Farther City or form) (iv) Residence in City of City of Farther City or form) (iv) Residence in City of	City(No.		/
(a) Residence. (b) County place of abodo) Length of residence in city or form where death occurred (b) Mark of residence in city or form where death occurred (b) Mark of residence in city or form where death occurred (c) White of the word) F. COLOR OR RACE S. Sineler, Marking, Wildowed Sa. It Sancting, Wildowed Sa. It San			
English of residence in city or town where death occurred yrs. mos. ds. How bed in U.S., it of foreign thrit? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS 3. SEX	3 2. FULL NAME WARY L. GARRETT		•
English of residence in city or town where death occurred yrs. mos. ds. How bed in U.S., it of foreign thrit? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS 3. SEX	(n) Residence. No		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX			
3. SEX 4. COLOR OR RACE	Medical of resolution in the whole death decirred 1715, 1865.	ns. now song in U.S., if of loa	reign byth? yrs. mos. ds.
F White Widowed 5A. If Marrier, Widowed, or Divorce or Widowed 6. DATE OF BIRTH (WORTH, DAY AND PEAR) FOD. 5-1848 7. AGE Years Months Days II LESS than 1 day, bring or main. 84 9 1 or main. 6. OCCUPATION OF DECEASED (a) Trace, preference, and the date stated above, et. 2. (b) Georgia nature of infrastry, brainess, or establishment in which employed (or employed (or employed) (or employed (or employed) (or em		MEDICAL CERT	IFICATE OF DEATH
SA. IF MARRIED. WIDOWED, OR DIVORCED (A) WIFE OF P.G. GARTett 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 5-1848 7. AGE YEARS MORTHS DAYS II LESS than 1 day, hrs. or min. 8. OCCUPATION OF DECEASED (a) Trede, profession, or perficular kind of work (b) Georgal nature of liedustry, business, or establishment in which employed (or employed) (c) Name of employed (c) Name of employed (STATE OR COUNTRY) North Carolina 10. NAME OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) North Carolina 12. MAIDEN NAME OF MOTHER Ann S. Wiley 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) North Carolina 14. INFORMANT ROBERT GART CITY OR TOWN) (STATE OR COUNTRY) North Carolina 14. INFORMANT ROBERT GART CITY OR TOWN) (STATE OR COUNTRY) North Carolina 15. HARTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) North Carolina 16. WHORE WAS DISEASE CONTRACTED WAS THERE AN AUTOFFT! WHAT TEST COMPLIANT, or in deaths from YUGLERY CARDER, since (1) Mains and NATURE OF INSTRUMENTAL, BUILDING, or Honoral (2) Whether Accessival, Buildings, or Honoral (2) White Accessival, Buildings, or Honoral (2) Windson Missoutti 15. HART Y 19.3 A MADRIESS 26. UNDERTAKER 27. AGE 18. HERSEY CERTIFY, Thai is ideal decreased trans. Dalle on Missoutti 19. J.A. 19. AGE of the date stated above, at 19. J.A. 19. CAUSE OF DEATH (2) And that the date stated above, at 19. J.A. 10. AGE of the date stated above, at 19. J.A. 11. White was disease contracted on the decis of decisonal decisor of didocal place.) 11. White was disease Contracted on the first of didocal place.) 12. WAS THE CAUSE OF DEATH (2) And the Missoutti (2) And t	Divorced (write the word)		ID YEAR) NOV - 6-32 19
SA. IF MARRIED, WILDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF P.G. GARTett 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 5-1848 7. AGE YEARS MONTHS DAYS II LESS than 1 day, hr. 84 9 1 or min. 8. OCCUPATION OF DECEASED (a) Trede, profession, or At home (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (city or town) (STATE OR COUNTRY) North Carolina 10. NAME OF FATHER W. A. RUSSell 11. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) North Carolina 12. MAIDEN NAME OF MOTHER Ann S. Wiley 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) North Carolina 14. INFORMANT Robert Garrett 15. MAT To CARD BURIAL (Address) Leeton in Security 15. MAT To CARD BURIAL (CREWATION) OR REMOVAL 16. MAIDEN MAY TO CAROLINA 17. MAIS SETTION 18. WILES than 1 day, hr. 19. Leeton in Security 19. Leeton in Security 19. Leeton in Security 19. PLACE OF BURIAL CREMATION, OR REMOVAL 11. Windsor Missourti 10. UNDERTAKER 20. UNDERTAKER ADDRESS	<u>F</u> Whit e Widowed	17.	Mor
that I last aw but alive on Months 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 5-1848 7. AGE YEARS MONTHS 84 9 1 WILESS than 1 6. OCCUPATION OF DECEASED (a) Trade, profession, or Particles had of work At home (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer (or employer) (d) Name of employer (or employer) (STATE OR COUNTRY) NOTTH Carolina 10. NAME OF FATHER W.A. RUSSell 11. BIRTHPLACE OF FATHER (CITY OR YOWN) (STATE OR COUNTRY) NOTTH Carolina 12. MAIDEN NAME OF MOTHER Ann S. Wiley 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) NOTTH Carolina 14. INFORMANT RODEL GARRELL 15. PLACE OF BURIAL, CREMATION, OR REMOVAL Windson Missouri 16. WHERE WAS DISEASE CONTRACTED WAS THERE AN AUTOFFYT. WHAT TEST CONFIDENCE DIAGNOSIST. (Signed) 18. WHERE AN AUTOFFYT. WHAT TEST CONFIDENCE DIAGNOSIST. (Signed) 19. PLACE OF BURIAL, CREMATION, OR REMOVAL Windson Missouri 11. PLACE OF BURIAL, CREMATION, OR REMOVAL Windson Missouri 11. PLACE OF BURIAL, CREMATION, OR REMOVAL Windson Missouri 20. UNDERTAKER ADDRESS	5a. IF MARRIED, WIDOWED, OR DIVORCED	9 A STATE	, That I attended deceased from
6. DATE OF BIRTH (MONTH, DAY AND YEAR) FOD. 5-1848 7. AGE YEARS MONTHS DAYS II LESS than 1 84 9 1 min. 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which emplayed (or emplayer) (c) Name of emplayer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NOrth Carolina 10. NAME OF FATHER (CITY OR TOWN) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) 12. MAIDEN NAME OF MOTHER Ann S. Wiley 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 14. INFORMANT ROBERT (CITY OR TOWN) 15. MATCH OR COUNTRY) NOrth Carolina 16. MIRTHPLACE OF MOTHER (CITY OR TOWN) 17. MAIDEN NAME OF MOTHER (CITY OR TOWN) 18. WHERE WAS DISEASE CONTRACTED 19. MAIDEN NAME OF MOTHER Ann S. Wiley 19. MAIDEN NAME OF MOTHER (CITY OR TOWN) 11. MIRTHPLACE OF MOTHER (CITY OR TOWN) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 14. INFORMANT ROBERT (CITY OR TOWN) 15. MATCH OR COUNTRY) 16. MARCH S.D. MATCHER OF LIMITER, and (2) whether ACCIDENTAL, BUICDIAL, CREMATION, OR REMOVAL 16. MARCH S.D. MATCHER OF LIMITER, and (2) whether ACCIDENTAL, BUICDIAL, CREMATION, OR REMOVAL 16. MARCH S.D. MATCHER OF LIMITER, and (2) whether ACCIDENTAL, BUICDIAL, CREMATION, OR REMOVAL 17. MARCH S.D. MATCH S.D. MARCH S.D			, to, 19, 19
THE CAUSE OF DEATH (MONTHS AND YEAR) FOO. 5-1848 7. AGE YEARS MONTHS DAYS IF LESS than 1 84 9 1 days, hrs. 82 9 1 days, hrs. 83 1 days, hrs. 84 9 1 days, hrs. 85 occupation of Decease (a) Trade, profession, or At home (b) Georal nature of industry, business, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina 10. NAME OF FATHER W.A. RUSSell 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) North Carolina 12. MAIDEN NAME OF MOTHER Ann S. Wiley 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) North Carolina 14. INFORMANT Robert Garrett (Address) Lee ton Massouri 15. May 7 13 3 4 Address 20. UNDERTAKER ADDRESS THE CAUSE OF DEATH AS AS FOLIOTS: THE CAUSE OF DEATH AS AS FOLIOTS (distance of DEATH AS AS FOLIOTS THE CAUSE OF DEATH AS AS FOLIOTS THE CAUSE OF DEATH AS AS FOLIOTS (distance of DEATH AS AS FOLIOTS THE CAUSE OF DEATH AS AS FOLIOTS THE CAUSE OF DEATH AS AS TOWN AS A	r.G.Garrett	death prograd on the data stated share of	. 9
7. AGE YEARS MONTHS B4 9 1 or min. 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) Georgal nature of industry, business, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (citry or Town) (STATE OR COUNTRY) NOT th Carolina 10. NAME OF FATHER W.A. RUSSell 11. BIRTHPLACE OF FATHER (citry or Town). (STATE OR COUNTRY) NOT th Carolina 12. MAIDEN NAME OF MOTHER Ann S. Wiley 13. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) NOT th Carolina 14. INFORMANT ROBERT GATTEST 15. INFORMANT ROBERT GATTEST 16. WINDERTAKER NOT THE SESSION IN ACTURE OF MINIST, and (2) whether Accidential, Gridenian space.) 16. MAISS AND NATURE OF MINIST, and (2) whether Accidential, Gridenian, or Homicidal. (See reverse side for additional space.) 17. PLACE OF BURIAL, CREMATION, OR REMOVAL Windsor Missouri 11/7/32 19 20. UNDERTAKER ADDRESS	6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 5-1848		
84 9 1 or min. 8. OCCUPATION OF DECEASED (a) Trade, profession, or At home (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employed (or employer) 9. BIRTHPLACE (city or town) (STATE OR COUNTRY) North Carolina 10. NAME OF FATHER (V. A. RUBSell 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) North Carolina 12. MAIDEN NAME OF MOTHER Ann S. Wiley 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) North Carolina 14. INFORMANT Robert Garrett (Address) Leeton Marsouri 15. FULL Y 32 A. C.		THE CAUSE OF DEATH- AS	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. At home (b) General mature of industry, business, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (city or town) (STATE OR COUNTRY) 10. NAME OF FATHER W.A.Russell 11. BIRTHPLACE OF FATHER (city or town). (STATE OR COUNTRY) North Carolina 12. MAIDEN NAME OF MOTHER Ann S. Wiley 13. BIRTHPLACE OF MOTHER (city or town). (STATE OR COUNTRY) North Carolina (Signed) 14. Robert Garrett (STATE OR COUNTRY) North Carolina (State or Country) 15. BIRTHPLACE OF MOTHER (city or town). (STATE OR COUNTRY) North Carolina (Signed) 16. Makes and Nature of Industry, and (2) whether Accidental, Business, father (I) Makes and Nature of Industry, and (2) whether Accidental, Business, father (I) Makes and Nature of Industry, and (2) whether Accidental, Business, father (I) Makes and Nature of Industry, and (2) whether Accidental, Business, father (I) Makes and Nature of Industry, and (2) whether Accidental, Business, father (I) Makes and Nature of Industry, and (2) whether Accidental, Business, father (I) Makes and Nature of Industry, and (2) whether Accidental, Business, father (I) Makes and Nature of Industry, and (2) whether Accidental, Business, father (I) Makes and Nature of Industry, and (2) whether Accidental, Business, father (I) Makes and Nature of Industry, and (2) whether Accidental, Business, father (I) Makes and Nature of Industry, and (2) whether Accidental, Business, father (I) Makes and Nature of Industry, and (2) whether Accidental, Business, father (I) Makes and Nature of Industry, and (2) whether Accidental, Business, father (I) Makes and Nature of Industry, and (2) whether Accidental, Business, father (I) Makes and Nature of Industry, and (2) whether Accidental, Business, father (I) Makes and Nature of Industry, and (2) whether Accidental, Business, father (I) Makes and Nature of Industry, and (2) whether Accidental, Business, father (I) Makes and Nature of Industry, and (2) whether	day,hrs.	porcho	- Frementer
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER W. A. RUSSELL 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER Ann S. Wiley 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. INFORMANT 15. ROBERT GENTRELL 16. Address) 17. BORNANT 18. WHERE WAS DISEASE CONTRACTED 19. FLACE OF DEATH. (Signed) *State the Disease Cataling Death, or in deaths from Violent Cataling, or Howards. (Some of the country of the cataling of the cat	84 9 1 <u></u>		
(a) Trade, profession, or particular kind of work (b) Geograf nature of industry, business, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER W.A.RUSSELL WAS THERE AN AUTOPPY WAS THERE AN AUTOPPY WAS THERE AN AUTOPPY WHAT TEST COMPINED DIAGNOSIST. (Signed) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) North Carolina (Signed) *State the Disease Cataling Death, or in deaths from Violent Caubles, this (STATE OR COUNTRY) North Carolina (State or Country) North Carolina (Signed) *State the Disease Cataling Death, or in deaths from Violent Caubles, this (STATE OR COUNTRY) North Carolina (State or Country) North Carolina (Signed) *State the Disease Cataling Death, or in deaths from Violent Caubles, this (STATE OR COUNTRY) North Carolina (Madreas) *State the Disease Cataling Death, or in deaths from Violent Caubles, this (State or Country) *State the Disease Cataling Death, or in deaths from Violent Caubles, this (State or Country) *State the Disease Cataling Death, or in deaths from Violent Caubles, this (State or Country) *State the Disease Cataling Death, or in deaths from Violent Caubles, this (State or Country) *State the Disease Cataling Death, or in deaths from Violent Caubles, this (State or Country) *State the Disease Cataling Death, or in deaths from Violent Caubles, this (State or Country) *State the Disease Cataling Death, or in deaths from Violent Caubles, this (State or Country) *State the Disease Cataling Death, or in deaths from Violent Caubles, this (State or Country) *State the Disease Cataling Death, or in deaths from Violent Caubles, this (State or Country) *State the Disease Cataling Death, or in deaths from Violent Caubles, this (State or Country) *State the Disease Cataling Death, or in deaths from Violent Caubles, this (State or Country) *State the Disease Cataling Death, or in deaths from Violent Caubles, this (State or Country) *State the Disease Cataling	8 OCCUPATION OF DECEASED	1111	•
particular kind of work At NOME (b) General nature of industry business, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (city or town) (State or country) North Carolina 10. NAME OF FATHER W.A.Russell 11. BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina 12. MAIDEN NAME OF MOTHER Ann S.Wiley 13. BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina 14. INFORMANT Robert Garrett (Address) 15. PLACE OF BURIAL CREMATION, or REMOVAL (Address) 16. Was there an autoppty. (Signed) 17. Mains and Nature of Industry, and (2) whether Accumental, Suicidal, or Homicidal (See reverse side for additional space.) 18. Where was disease contracted 19. PLACE OF BURIAL CREMATION, or REMOVAL (Address) 10. NAME OF FATHER (city or town) (State or country) 11. BIRTHPLACE OF MOTHER (city or town) (State or country) 12. MAIDEN NAME OF MOTHER City or Town) (State or country) 13. BIRTHPLACE OF MOTHER (city or town) (State or country) 14. INFORMANT Robert Garrett 15. PLACE OF BURIAL CREMATION, or REMOVAL 16. Was there an autoppty. (Signed) 17. Mains and Nature of Industry, and (2) whether Accumental, Suicidal, or Homicidal space.) 18. Where was disease contracted Did an operation practed peaths. (Signed) Was there an autoppty. (Signed) What test configure blagnosist. (Signed) M.D. D (() m +	······	
business, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (city or town) (STATE OR COUNTRY) 10. NAME OF FATHER W.A.RUSSOLL 11. BIRTHPLACE OF FATHER (city or town) (STATE OR COUNTRY) North Carolina 12. MAIDEN NAME OF MOTHER Ann S. Wiley 13. BIRTHPLACE OF MOTHER (city or town) (STATE OR COUNTRY) North Carolina 14. INFORMANT Robert Garrett (Address) 15. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL (Address) 16. Leeton Massouri 17. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL Windsor Missouri 18. Where was disease Contracted 18. Where was disease Contracted 19. NAME OF DEATH. Did an OPERATION PRECEDE DEATH. Was there an Autoppyt. What test configure Diagnosist. (Signed) *State the Dibbabs Caveiro Death, or in deaths from Violent Caveirs, Succeda, or Howictedal. (See reverse side for additional space.) 14. INFORMANT Robert Garrett (Address) Leeton Massouri 15. PLACE OF BURIAL, CREMATION, OR REMOVAL Windsor Missouri 16. Where was disease Contracted 18. Where was disease Contracted 18. Where was disease Contracted 19. Date of Deaths. (Signed) **State the Dibbabs Caveiro Death, or in deaths from Violent Caveirs, Succeda, or Howictedal. (See reverse side for additional space.) 16. Where was disease Contracted Was there an Autoppyt. What test configure Undertaken **State the Dibbabs Caveiro Death, or in deaths from Violent Caveirs, Succeda, or Howictedal. (See reverse side for additional space.) 16. Where was disease Contracted Was there was disease Contracted			(duration) drie mos. de
which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER Ann S.Wiley 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. INFORMANT 15. ROBert Garrett (Address) 16. WHERE WAS DISEASE CONTRACTED 17. WHAT YEST CONFIRMED DIAGNOSIST. (Signed) 17. Address) 18. WHERE WAS DISEASE CONTRACTED 19. NOT AT PLACE OF DEATH? 10. Date OF WAS THERE AN AUTOPYT. WHAT YEST CONFIRMED DIAGNOSIST. (Signed) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. INFORMANT 15. ROBert Garrett (Address) 16. WHERE WAS DISEASE CONTRACTED 18. WHERE WAS DISEASE CONTRACTED 19. PLACE OF DEATH, or in deaths from VIOLENT CATERES, State (1) MAINS AND NATURE OF INVERT, and (2) whether ACCIDENTAL, BUIGIDAL, OF HOMICIDAL. (See reverse side for additional space.) 14. WHERE WAS DISEASE CONTRACTED 15. WHERE WAS DISEASE CONTRACTED 16. WHERE WAS DISEASE CONTRACTED 18. WHERE WAS DISEASE CONTRACTED 18. WHERE WAS DISEASE CONTRACTED 18. WHERE WAS DISEASE CONTRACTED 19. PLACE OF BURIAL, OR INDICATED 10. MAIN AND DATE OF WAS THERE AN AUTOPALY 19. PLACE OF BURIAL, OR REMOVAL 10. MAIN AND NATURE OF INTERPREDICTION 11. METHOD AND OF THE OFTEN AND OR THE OR		CONTRIBUTORY /	
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER W.A.RUSSell 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER Ann S.Wiley 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. ROBERT (CITY OR TOWN) (STATE OR COUNTRY) 16. WHERE WAS DISEASE CONTRACTED 17. INFORMANT 18. WHERE WAS DISEASE CONTRACTED 19. NAME OF DEATH. (Signed) 10. NAME OF FATHER (CITY OR TOWN) (Signed) 11. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. INFORMANT 15. ROBERT GENTRET 16. WHERE WAS DISEASE CONTRACTED WAS THERE AN AUTOPYTI. WHAT YEST CONFIGNES DIAGNOSIST. (Signed) (MAINS ASD NATURE OF BATH, or in deaths from VIOLENT CAUBEA, state the DISEASE CAUBING DEATH, or in deaths from VIOLENT CAUBEA, state the DISEASE CAUBING DEATH, or in deaths from VIOLENT CAUBEA, state the DISEASE CONTRACTED (MAINS ASD NATURE OF INTURE, and (2) whether ACCIDENTAL, BUICIDAL, OR HONGITUAL. (See reverse side for additional space.) 14. WHERE WAS DISEASE CONTRACTED WAS THERE AN AUTOPYTI. WHAT YEST CONFIGNES DIAGNOSIST. (Signed) (Signed) (M. D (M.		(SECONDARY) {	
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina 10. NAME OF FATHER (V.A.Russell 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) North Carolina 12. MAIDEN NAME OF MOTHER Ann S.Wiley 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) North Carolina 14. Robert Garrett (Address) Leeton Massouri 15. PLACE OF BURIAL CREMATION, OR REMOVAL (Address) Leeton Massouri 16. Where was disease contracted 17. Informant Robert Carolina 18. Where was disease contracted 18. Where was disease contracted 19. PLACE OF DEATH. 10. Date of Date of Massouri 10. NAME OF FATHER (CITY OR TOWN) (State OR COUNTRY) North Carolina 11. BIRTHPLACE OF MOTHER (CITY OR TOWN) (State OR COUNTRY) North Carolina 12. MAIDEN AND NATURE OF HURIAT, or in deaths from Violent Caubea, since Homerchal (See reverse side for additional space.) 14. Informant Robert Garrett (Address) Leeton Massouri 15. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL (Address) 16. Where was disease contracted 16. Where was disease contracted 16. Where was disease contracted 16. Was there was disease contracted 16. Where was disease contracted 16. Where was disease contracted 16. Where was disease contracted 16. Did an operation precede deathi. 16. Where was disease contracted 16. Did an operation precede deathi. 16. Date of Deaths. 18. Where was disease contracted 19. Date of Deaths. 18. Where was disease contracted 19. Date of Deaths. 10. Date of Deaths. 10. Massour Did address 11. Massour Did address 12. What test configure places deaths. 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 14. Was there an autorpty. 15. Was there an autorpty. 16. Was there an autorpty. 17. Date of Deaths. 18. Where was disease contracted to Date of Deaths. 18. Date of Deaths. 19. PLACE OF BURIAL CREMATION, OR REMOVAL 11. Date of Deaths. 11. Date of Deaths. 12. Date of Deaths. 13. Date of Deaths. 14. Date of Deaths. 15. Date of Deaths. 16. Date of Deaths. 18. Date of Deaths. 18. Date of Deaths. 18. Date of Deaths. 1			(duration)yrsmosds.
(STATE OR COUNTRY) NOrth Carolina 10. NAME OF FATHER W.A.Russell Was there an autoppy: (State or country) North Carolina 12. Maiden name of mother Ann S. Wiley 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (State or country) North Carolina (Signed) *State the Disease Causing Death, or in deaths from Violent Causes, state (State or country) North Carolina *State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Indust, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.) 14. Informant Robert Garrett (Address) Leeton Massouri 15. **Was there an autoppy: What yest configure Diagnosist. (Signed) **State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Indust, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.) 16. **Was there an autoppy: What yest configure Diagnosist. (Signed) **Is the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Industry, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.) 16. **Was there an autoppy: What yest configure Diagnosist. (Signed) **Is the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Industry, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.) 16. **Was there an autoppy: What yest configure Diagnosist. (Signed) **State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Industry, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.) 16. **Universal Causes Causing Death (I) Means and Industry (I) Means and Ind	(c) remaining	18. WHERE WAS DISEASE CONTRACTED	
(STATE OR COUNTRY) North Carolina 10. NAME OF FATHER (W.A.Russell 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) North Carolina 12. MAIDEN NAME OF MOTHER Ann S. Wiley 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) North Carolina (Signed) 14. NORTH Carolina 15. NORTH Carolina 16. NORTH Carolina 17. NORTH Carolina 18. DID AN OPERATION PRECEDE DEATH; OF DATE OF JULIAN AND DATE OF JULIAN AND DATE OF JULIAN AND DATE OF JULIAN AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or Homicidal (See reverse side for additional space.) 16. NORTH Carolina 17. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL WINDSON MISSOURTI 18. DID AN OPERATION PRECEDE DEATH; OF DATE OF JULIAN AND DATE OF JULIAN AND DATE OF JULIAN AND NATURE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL WINDSON MISSOURTI 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL WINDSON MISSOURTI 20. UNDERTAKER	9. BIRTHPLACE (CITY OR TOWN)		•
10. NAME OF FATHER W.A.RUSSELL 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) NOrth Carolina 12. MAIDEN NAME OF MOTHER Ann S.Wiley 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) North Carolina 14. INFORMANT ROBERT Garrett (Address) Leeton Missouri 15. Wy 7 19 3 1 11 7/32 19 DID AN OPERATION PRECEDE DEATH. M. D. DATE OF	(STATE OR COUNTRY) North Carolina		MA
Was there an autopyt 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) North Carolina 12. MAIDEN NAME OF MOTHER Ann S.Wiley 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) North Carolina 14. Robert Garrett (Address) Lee ton Massauri Serverse side for additional space.) 15. Lee ton Massauri What yest configure diagnosist What yest configure diagnosist (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) Date, or in deaths from Violent Causea, state (1) Means and Nature of Injury, and (2) whether Accidental, or Homicidal. (See reverse side for additional space.) 14. Windsor Missouri 15. Windsor Missouri 20. Undertaken Address		DID AN OPERATION PRECEDE DEATHY	DATE OF
(STATE OR COUNTRY) North Carolina 12. MAIDEN NAME OF MOTHER Ann S.Wiley 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) North Carolina 14. Robert Garrett (Address) State the Disease Causing Death, or in deaths from Violent Causea, state (1) Means and Nature of Injurat, and (2) whether Accidental, or HOMICIDAL (See reverse side for additional space.) 14. Robert Garrett (Address) Lee ton Massouri 15. Windsor Missouri 16. Address Object Carrett 17. PLACE OF BURIAL, CREMATION, OR REMOVAL Windsor Missouri 18. Address Object Carrett Windsor Missouri 20. Undertaker Address Object Carrett Address Object Carrett Windsor Missouri Address Object Carrett Output Carrett Address Object Carrett Windsor Missouri Address Object Carrett Output Carrett Out	W.A.Russell	WAS THERE AN AUTOPSYT	Mo ()
(STATE OR COUNTRY) North Carolina 12. MAIDEN NAME OF MOTHER Ann S.Wiley 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) North Carolina 14. Robert Garrett (Address) State the Disease Causing Death, or in deaths from Violent Causea, state (1) Means and Nature of Injurat, and (2) whether Accidental, or HOMICIDAL (See reverse side for additional space.) 14. Robert Garrett (Address) Lee ton Massouri 15. Windsor Missouri 16. Address Object Carrett 17. PLACE OF BURIAL, CREMATION, OR REMOVAL Windsor Missouri 18. Address Object Carrett Windsor Missouri 20. Undertaker Address Object Carrett Address Object Carrett Windsor Missouri Address Object Carrett Output Carrett Address Object Carrett Windsor Missouri Address Object Carrett Output Carrett Out	IN BIRTHPLACE OF FATHER (CITY OF TOWN)	Ware transfer on the same of t	- T
12. MAIDEN NAME OF MOTHER Ann 5.71107 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) North Carolina 14. Robert Garrett (Address) Lecton Missouri 15. Will 7 19 3 1 1 1 7 32 19 16. MILDERTAKER 17. MAIDEN NAME OF MOTHER (CITY OR TOWN) (State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, or Homicidal (See reverse side for additional space.) 18. Caddress) Lecton Missouri 19. Place of Burial, Cremation, or Removal Date of Burial Vindsor Missouri 20. UNDERTAKER 20. UNDERTAKER	STATE OF COUNTRY) North Carolina	WHAT TEST CONFIRMED DIAGNOSIST	20 - 11
12. MAIDEN NAME OF MOTHER Ann 5.71107 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) North Carolina 14. Robert Garrett (Address) Lecton Missouri 15. Will 7 19 3 1 1 1 7 32 19 16. MILDERTAKER 17. MAIDEN NAME OF MOTHER (CITY OR TOWN) (State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, or Homicidal (See reverse side for additional space.) 18. Caddress) Lecton Missouri 19. Place of Burial, Cremation, or Removal Date of Burial Vindsor Missouri 20. UNDERTAKER 20. UNDERTAKER		(Signed)	19 radly M.D
(STATE OR COUNTRY) North Carolina (1) Means and Nature of Inure, and (2) whether Accidental, of Homicidal (See reverse side for additional space.) (Address) Lee ton Massouri 19. Place of Burial, CREMATION, OR REMOVAL DATE OF BURIAL (Address) Undertaken Windsor Missouri 11/7/32 19 20. Undertaken Accidental, Suicidal, or Homicidal (See reverse side for additional space.) (Address) Lee ton Massouri 20. Undertaken Accidental, Suicidal, or Homicidal (See reverse side for additional space.) (Address) Lee ton Massouri 20. Undertaken Accidental, Suicidal, or Homicidal (See reverse side for additional space.) (Address) Lee ton Massouri 20. Undertaken Accidental, Suicidal, or Homicidal (See reverse side for additional space.)	12. MAIDEN NAME OF MOTHER Ann D.Wiley		modert Mo
14. Robert Garrett (Address) Leeton Missouri 15. Wy 4 1932 1 1177/32 19 18. Robert Garrett (Address) Leeton Missouri 20. UNDERTAKER ADDRESS NIVERSON OF THE PROPERTY OF TH		*State the DISEASE CAURING DEAT	H, or in deaths from Violenz Causes, state
14. Robert Garrett (Address) Leeton Missouri 19. PLACE OF BURIAL, CREMATION, OR REMOVAL Windsor Missouri 11/7/32 19 20. UNDERTAKER ADDRESS NUMBERS	(STATE OR COUNTRY) North Carolina	HOMICIDAL. (See reverse side for additions	al space.)
(Address) Leeton Missouri Windsor Missouri 11/7/32 ₁₉ 15. Wy 7 1932 Address Address Address Address Address	14. Robert Gerrett		
15. Aug 4 1932 1 Liming 20. UNDERTAKER ADDRESS ADDRESS			
20. UNDERTAKER ADDRESS		Windsor Missor	ari 11/7/32 ₁₉
MARIA 1921 ANTENDOOD	15. M/1/4 2) 1 Jenner &	20. UNDERTAKER	ADDRESS
	REGISTRAR	hucton's funeral	
	, , , , ,		

Exact statement of OCCUPATION is very important.

in print trime, so that it may be properly traballed.

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired. 6 yrs.) For persons who have no occupation whatever, write None.

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report

"Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasma); Measles, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitie," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely Examples: Accidental drowning; struck by railway train-accident; Revolver wound of headhomicide, Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Norz.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificate, will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phiebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.