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

Do not use this space.

39650

1. PLACE OF DEATH
County JACKSON — Registration District No. 899 — File No.
Township KAW — Primary Registration District No. [illegible] — Registered No.
City KANSAS CITY (No. 1157-EAST-75TH ST. TERRACE St. 4656 Ward)

2. FULL NAME Lula Virginia Garnett
(a) Residence. No. 1157 E. 75th St. Terrace 5 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 6 yrs. 6 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF CHARLES GARNETT

6. DATE OF BIRTH (MONTH, DAY AND YEAR) MAY-18-1858

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
74	6	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work NONE
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) 2
(STATE OR COUNTRY) KENTUCKY

PARENTS
10. NAME OF FATHER BENJAMIN W. GAINES
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) KENTUCKY
12. MAIDEN NAME OF MOTHER MARY E. GRAVES
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) KENTUCKY

14. INFORMANT MRS. J. E. BLACKBURN
(Address) 1157-EAST-75TH ST. TERRACE

15. FILED 12/9, 1932 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) 12 - 8 - 1932

17. I HEREBY CERTIFY, That I attended deceased from ....., 1927, to Dec. 8, 1932 that I last saw her alive on Dec. 7, 1932, and that death occurred, on the date stated above, at 8.50 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arterio-Sclerosis
Angina Pectoris
Chronic Nephritis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage
131
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 131 (1)
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Leon Jones, M. D
12/8/32, 19 (Address) 80 & Paseo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: SLATER, MISSOURI
DATE OF BURIAL: DEC-10 1932

20. UNDERTAKER: D. W. NEWCOMER'S SONS
ADDRESS: K.C. 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.