

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

Do not use this space.

1053

**1. PLACE OF DEATH**

39 County Dreene Registration District No. 318 File No. \_\_\_\_\_  
 3 Township \_\_\_\_\_ Primary Registration District No. 2001 Registered No. 113  
 5 City Springfield (No. Baptist Hospital St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME** Fred Garty

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Bloodland Mo  
 (Usual place of abode) \_\_\_\_\_  
 (If nonresident, give city of 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** Male **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** Lydia

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** April 21 - 1874

**7. AGE** YEARS 74 MONTHS 9 DAYS 9 If LESS than 1 day, ..... hrs. or ..... min.

**OCCUPATION**  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret'd  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farmer  
 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)** Brunswick Germany

**MOTHER, FATHER**  
**13. NAME** Will Garty  
**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Germany  
**15. MAIDEN NAME** Mary Miller  
**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Germany

**17. INFORMANT (ADDRESS)** James Wade Bloodland

**18. BURIAL, CREMATION, OR REMOVAL PLACE DATE** Bloodland Jan 31, 1933

**19. UNDERTAKER (ADDRESS)** J. F. Crossland 431 1/2 W. Pine

**20. FILED** 1-30 1933 Ralph Wanger Registrar

**3 MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Jan 30 1933

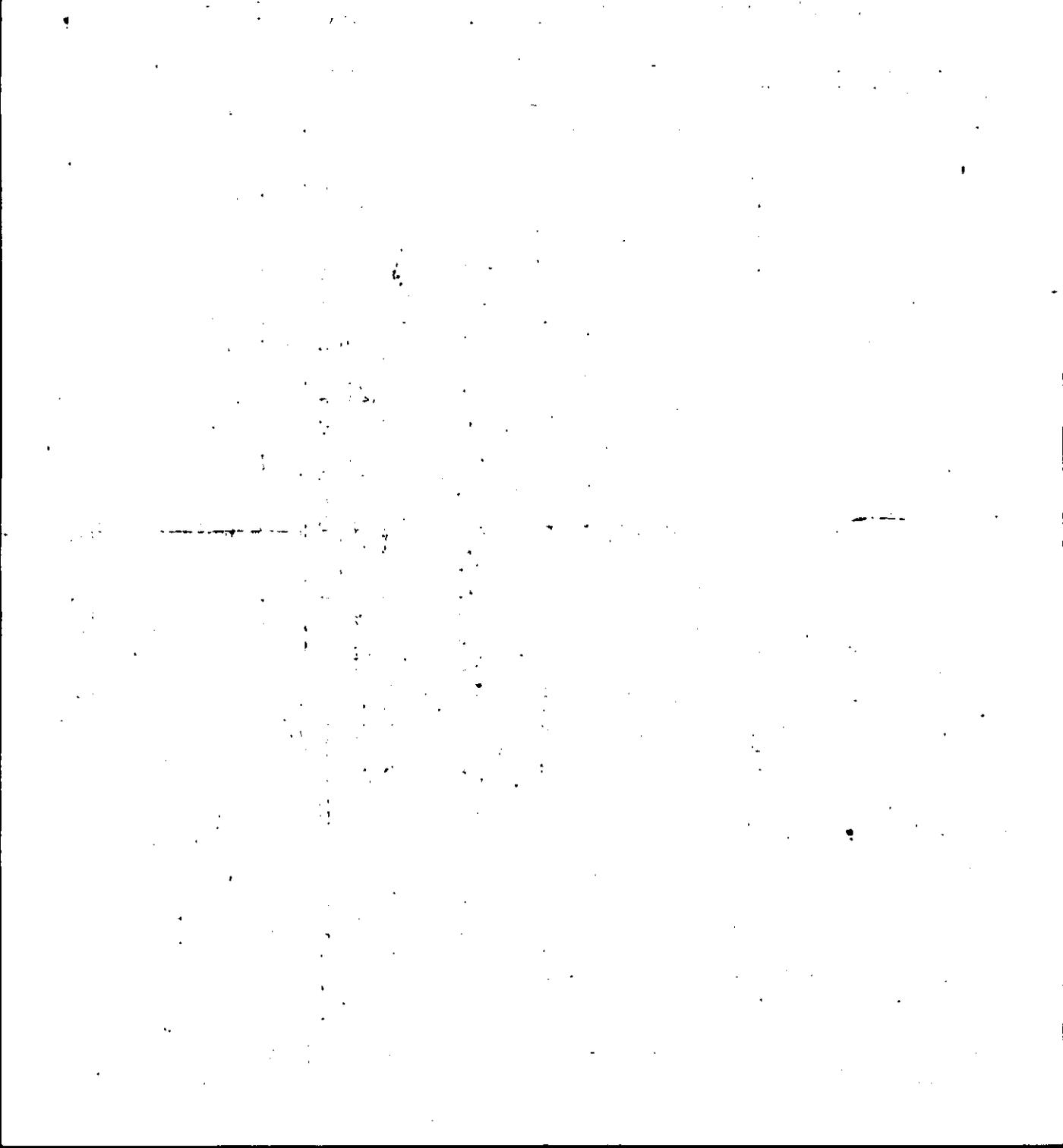
**22. I HEREBY CERTIFY**, that I attended deceased from Jan 24 1933 to Jan 30 1933. I last saw him alive on Jan 30 1933. Death is said to have occurred on the date stated above, at 10:30 am. The principal cause of death and related causes of importance were as follows:  
Hypostatic condition of lungs Date of onset 1-27-33  
126  
1270  
60113 / 217  
 Other contributory causes of importance:  
Cholecystitis (Acute + 1 large gallstone (6cm))  
acute condition started 1-15-33  
 Name of operation Cholecystectomy Date of 1-24-33  
 What test confirmed diagnosis? path Was there an autopsy? No

**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 Personal & Home  
 Nature of injury Cholecystitis

**24. Was disease or injury in any way related to occupation of deceased?** No  
 If so, specify \_\_\_\_\_  
 (Signed) Willard Smith M. D.  
 (Address) Springfield, Mo.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS SHOULD SIGN. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important?



**MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Greene  
Township  
City Springfield (No. ....)

Registration District No. 318  
Primary Registration District No. 2001

File No. ....  
Registered No. 113  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. .... 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W.  
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
74 08 9 9

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

11. Total time (years) spent in this occupation .....

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

FATHER  
13. NAME .....

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

MOTHER  
15. MAIDEN NAME .....

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

17. INFORMANT (ADDRESS) .....

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE ..... 19...

19. UNDERTAKER (ADDRESS) .....

20. FILED 4-14-33 Ralph W. Langston Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from

to ....., 19.....

I last saw h. .... alive on ....., 19..... Death is said

to have occurred on the date stated above, at .....

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

Date of onset

Other contributory causes of importance:

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? .....

If so, specify .....

(Signed) ....., M. D.

(Address) .....

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

SUPPLEMENTARY

5-1053