WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

File No. 1455

Registered No. 185

1. PLACE OF DEATH
County JACKSON Registration District No. 399
Township KAW Primary Registration District No. 1002
City KANSAS CITY (No. 3121 - SPRUCE St. Ward)

2. FULL NAME MRS. RUTH A GARRISON
(a) Residence, No. 3121 - SPRUCE St., 14 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred / D yrs. 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): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND OF~~ (OR) WIFE OF HARRY E. GARRISON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY - 15 - 1901

7. AGE: Years 31 | Months 7 | Days 27 | If LESS than 1 day, ...hrs. or ....min.

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

FATHER
13. NAME F. L. BRADSHAW
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

MOTHER
15. MAIDEN NAME EVA CARRY
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

17. INFORMANT MR. HARRY E. GARRISON
(ADDRESS) 3121 - SPRUCE AVE.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MEMORIAL PARK DATE JANUARY 13, 1933

19. UNDERTAKER D. W. NEWCOMER'S SONS
(ADDRESS) 2111 - EAST - 9TH ST.

20. FILED 1 - 12, 1933 M. M. Crane Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JANUARY - 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from August, 1932, to Jan 11, 1933
I last saw h. alive on about 1 yr ago, 19.... Death is said to have occurred on the date stated above, at 10:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	
23A	
23B	
Other contributory causes of importance:	
none	

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) Hubert L. Mann, M. D.
(Address) 814 medical arts

814 Medical Arts Bldg.
2-5