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.

APR 21 1933

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

Do not use this space.

9326

1. PLACE OF DEATH

43 County Hickory — Registration District No. 1055 — File No.

Township Jordan — Primary Registration District No. 6271 — Registered No.

City Cross Timbers (No. ..... St. ..... Ward)

2. FULL NAME Van Buren Garrison

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF: Lethia Ann Garrison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 21 1858

7. AGE: YEARS 74 — MONTHS 11 — DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME: Albner Garrison
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ok

17. INFORMANT (ADDRESS): Jm Garrison, Cross Timbers Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bethel Long Bend — DATE: 3/24 1933

19. UNDERTAKER (ADDRESS): Asa Bennett, Cross Timbers Mo

20. FILED: 3 23 1933 G. G. Driskill, Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1933, to March 22, 1933

I last saw him alive on March 21, 1933. Death is said to have occurred on the date stated above, at 9 m.

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

	Date of onset
Chronic Interstitial Nephritis	2/1/33
131	
97 / 31	

Other contributory causes of importance:

Arteriosclerosis	
and Influenza	1/15/32

Name of operation: None — Date of

What test confirmed diagnosis? Yes — 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 .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) La Glasco, M. D.

(Address) Hermitage, Mo