

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.

SEP 26 1933

113

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

Do not use this space.

25921

1. PLACE OF DEATH

21 County Chariton Registration District No. 176
Township Sumner Primary Registration District No. 344
City (No.) St. Ward)

2. FULL NAME

Archie F. Garrett
(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF → <u>Lacey Garrett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 21st 1879</u>		
7. AGE YEARS <u>54</u>	MONTHS <u>4</u>	DAYS <u>2</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer on Township Roads</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Tractor Driver</u>		
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) <u>Johnson Co MO</u>		
13. NAME <u>Charles H. Garrett</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
15. MAIDEN NAME <u>Ethel E. Mueller</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT (ADDRESS) <u>Mrs Archie Garrett</u> <u>Sumner Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sumner Mo</u> DATE <u>Aug 25 33</u>		
19. UNDERTAKER (ADDRESS) <u>S. L. Lipsich</u> <u>Meriden Mo</u>		
20. FILED <u>8/20 1933</u> <u>A. L. Lewis</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from Aug 23 1933 to Aug 23 1933
I last saw him alive on Aug 23 1933 Death is said to have occurred on the date stated above, at 1:30 P.M.
The principal cause of death and related causes of importance were as follows:
Accident, due to fracture of skull by being run over by tractor & Road drag
Date of onset Aug 23 1933

Other contributory causes of importance:
none known

Name of operation none Date of no
What test confirmed diagnosis? Physical signs Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Aug 23, 1933
Where did injury occur? On Highway
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
no known cause

Manner of injury Crushed by Road drag
Nature of injury Fract skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Yes
(Signed) J. J. Standley M. D.
(Address) Sumner Mo

