

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

Do not use this space.

28201

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. Barnes Hospital)

File No.....
Registered No. 7327
St. Ward)

2. FULL NAME

(a) Residence, No. RR-7 St. 12 Ward. Fairfield, Ill
(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 single
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 24 - 1916

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
17 5 —

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) Litchfield Ill

13. NAME Chas. E. Garrison

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

15. MAIDEN NAME Rovena Bond

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

17. INFORMANT Mrs. O. A. Smith (ADDRESS) Fairfield Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairfield Ill DATE Aug 27 1933

19. UNDERTAKER Hauffe Ferello Co. (ADDRESS) Fairfield Ill

20. FILED Aug 25 1933 J. F. Beck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-22 1933 to 8-24 1933
I last saw him alive on 8-24 1933. Death is said

to have occurred on the date stated above, at 2:30 pm.
The principal cause of death and related causes of importance were as follows:

Tumor of brain, benign
540
3713
540
Other contributory causes of importance:

Name of operation Craniotomy for brain tumor of 8-24-33
What test confirmed diagnosis? Operation Was there an autopsy? Yes

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? No
If so, specify

(Signed) E. W. Iron M. D.
(Address) Barnes Hospital

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

1
2
2
2

Harpole Tunnel