

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

Do not use this space.

1. PLACE OF DEATH

County..... **Buchanan**
Township.....
City..... **St. Joseph** (No. **420 North 6 street**)

85
Registration District No.
Primary Registration District No. **1001**

File No. **32219**
Registered No. **973**
St. Ward)

2. FULL NAME Aurela May Garrett

(a) Residence, No. St. Ward. **Gallette Wyoming**
(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 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 Laurel Garrett		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 1874		
7. AGE YEARS 58	MONTHS 10	DAYS 0
If LESS than 1 day, hrs. or min.		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **House wife**
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) **Craig**
(STATE OR COUNTRY) **Missouri**

MOTHER FATHER
13. NAME **Daniel Horn**
14. BIRTHPLACE (CITY OR TOWN) **Unknown**
(STATE OR COUNTRY) **Unknown**

MOTHER FATHER
15. MAIDEN NAME **Elizabeth Robinson**
16. BIRTHPLACE (CITY OR TOWN) **Unknown**
(STATE OR COUNTRY) **Kansas**

17. INFORMANT **Alvia Garrett**
(ADDRESS) **420 North 6 st St Joseph Mo.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Craig Mo.** DATE **Oct. 3** 19**33**

19. UNDERTAKER **H. O. Sidenfaden**
(ADDRESS) **1802 Union st St Joseph Mo.**

20. FILED **10-1-** 19 **33** **John R. Bender**
Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **October 1** 19**33**
22. I HEREBY CERTIFY, That I attended deceased from **Sept. 2** 19**33** to **Oct 1st** 19**33**
I last saw h. or alive on **Sept. 30** 19**33**. Death is said to have occurred on the date stated above, at **1:40A** m.
The principal cause of death and related causes of importance were as follows:

Date of onset
Coronary Thrombosis
Valvular heart disease
Myocarditis chronic
Other contributory causes of importance:
Name of operation Date of
What test confirmed diagnosis? **clinical** 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? **No**
If so, specify
(Signed) **Alvyn H. Linner** M. D.
(Address) **St. Joseph Mo**

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.

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