

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

Do not use this space.

32570
251

1. PLACE OF DEATH

County Cole Registration District No. 213
 Township _____ Primary Registration District No. 304
 City Jefferson (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME Mrs. Rachel A. Garman

(a) Residence, No. _____ St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

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 John E. Garman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June-30-1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	75	3	12	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>"</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) Cole County, Mo.

13. NAME William M. Plummer

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

15. MAIDEN NAME Elizabeth Hackney

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

17. INFORMANT (ADDRESS) John E. Garman
Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE River View Cem DATE Oct-14- 1933

19. UNDERTAKER (ADDRESS) Wm. G. Gordon
Jefferson City, Mo.

20. FILED 10/12/33 W. B. Bedford
 Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1933 to Oct 12, 1933
 I last saw him alive on Sept Oct 10, 1933 Death is said to have occurred on the date stated above, at 7:00 P.M.
 The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis
95B
87B
102
95B
Cardio Renal
Hypertension
 Date of onset 10/14/33
2 years

Other contributory causes of importance: _____
 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? no
 If so, specify _____
 (Signed) W. A. Cray, M. D.
 (Address) Jefferson City, Mo.

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.

NOV 10 1933

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