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.

FEB 27 1934

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

Do not use this space.

3277

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 938

Township ..... Primary Registration District No. 1003 Registered No. .....

City St Louis (No. 3651, Vista ave St. ..... Ward)

2. FULL NAME Barbara Garrett

(a) Residence, No. 503 Transit Ave St., N. R. Ward. St Charles Mo
(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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 15-1930

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
3	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) St Charles Mo

FATHER

13. NAME Leo Garrett

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

MOTHER

15. MAIDEN NAME Viola Bacon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Mo

17. INFORMANT (ADDRESS) Viola Garrett 513 Transit St Charles Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Charles Mo DATE Jany 27 1934

19. UNDERTAKER (ADDRESS) H. H. Allmeyer & Sons Co 800 N. 2nd St. St Charles Mo

20. FILED ..... 19.. J. S. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jany 24th, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-19-34, 19.., to 1-~~25~~ 24, 1934

I last saw her alive on 1-24-34 19.. Death is said to have occurred on the date stated above, at 11.15 P. m.

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

	Date of onset
~~Colon~~ Meningitis, tuberculous	1-1-34
24th	

Other contributory causes of importance: None

Name of operation None 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? .....

If so, specify .....

(Signed) W. H. Riley, M. D.

(Address) 4660 Maryland