

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County Marion Registration District No. 547 File No. 5710
Township Marion Primary Registration District No. 3079 Registered No. 12
City Hannibal (No. 408) Center St. _____ Ward _____

2. FULL NAME Edward De Garris

(a) Residence, No. 408 Center 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Emma Lane De Garris
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7, 1857
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 10 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist
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) Hannibal Missouri

13. NAME John De Garris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data France

15. MAIDEN NAME Amanda Willis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data Virginia

17. INFORMANT Emma Lane De Garris (Wife)
(ADDRESS) Marion Co. 408 Center, Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Olivet DATE Feb 11, 1934

19. UNDERTAKER Wm. M. Smith
(ADDRESS) 902 Bury, Hannibal, Mo.

20. FILED Feb 13, 1934 A. H. Webster
Registrar.

✓ MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2:08, 1934 to 2:09, 1934
I last saw him alive on 2:09, 1934 Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:
Coronary Sclerosis Date of onset 2-9-34

Other contributors, cause of importance: Arteriosclerosis
Name of operation no 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? no 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) J. H. Arderty, M. D.
(Address) Hannibal 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.

Handwritten notes: 2-9-34, 8:30 p.m., 2-9-34, 2-9-34

