

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

Do not use this space.

1. PLACE OF DEATH

County Greene
Township Taylor
City Strafford (No. _____)

Registration District No. 944
Primary Registration District No. 3438

File No. 20161
Registered No. 9
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Magarett E. Garrett
(Usual place of abode) Strafford Mo. St. #1 Ward _____

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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>W. H. Garrett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 13 - 1860</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>6</u>
	DAYS <u>9</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>In Home</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) <u>Mo.</u>		
FATHER	13. NAME - <u>Henderson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>A. M. Garrett Springfield, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Crestlawn</u> DATE <u>June 24, 1934</u>		
19. UNDERTAKER (ADDRESS) <u>J. W. Ingrey & Co. Strafford, Mo.</u>		
20. FILED <u>June 24, 1934</u> <u>Cliff Anderson</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934 to June 18, 1934
I last saw him alive on July 18, 1934. Death is said to have occurred on the (date stated above), at 49 m.
The principal cause of death and related causes of importance were as follows:
Carcinoma (retus) Date of onset ?

Other contributory causes of importance: 46

Name of operation _____ Date of _____
What test confirmed diagnosis? Cholera 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) O. H. Felt M.D. M. D.
(Address) Strafford Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 1 1934

