

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

Do not use this space.

**1. PLACE OF DEATH**

County Clay  
Township Fishing River  
City Excelsior Springs, Mo. No. U.S. Veterans' Facility

Registration District No. 198  
Primary Registration District No. 3011

File No. 23760  
Registered No. \_\_\_\_\_

**2. FULL NAME** Robert Lee Garrett

(a) Residence, No. U.S. Veterans' Facility St. St. Louis, Missouri  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Clara Garrett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 25, 1896

7. AGE 37 YEARS 9 MONTHS 19 DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown  
10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation XX

12. BIRTHPLACE (CITY OR TOWN) Vicksburg, Miss. (STATE OR COUNTRY)

13. NAME Sam G. Garrett

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

15. MAIDEN NAME Hattie (Maiden Name Unknown)

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

17. INFORMANT Records, Veterans' Facility (ADDRESS) Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St Louis DATE July 15 1934

19. UNDERTAKER Herbert Hope (ADDRESS) Excelsior Springs, Mo.

20. FILED 7-14 1934 Mrs Rea McCracken Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1934 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-29-33, 1933, to 7-14-34, 1934

I last saw him alive on July 14, 1934, 1934. Death is said to have occurred on the date stated above, at 1:00 A.M.  
The principal cause of death and related causes of importance were as follows:

1. Pneumonia Lobar  
1931 A  
1931 B  
34  
Other contributory causes of importance:  
Fracture 1st and 3rd lumbar vertebrae  
Luetis aortitis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? XX Date of injury XX, 1934  
Where did injury occur? XX (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury XX  
Nature of injury XX

24. Was disease or injury in any way related to occupation of deceased? XX  
If so, specify \_\_\_\_\_  
(Signed) H. C. HARDEGREE, M. D.  
(Address) V.A. Facility, Excelsior Springs, 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.

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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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Blay

Registration District No. 198

Township

Primary Registration District No. 3011

City Excelsior Spgs (No. U.S. Veterans Facility)

File No. ....

Registered No. ....

St. .... Ward)

2. FULL NAME

(a) Residence, No. U.S. Veterans Facility 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE c 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
37 9 19

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED

Mr. Rea M. Crank  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-29-1933 to 7-14-1934, 19...

I last saw him alive on July 14, 1934, 19... Death is said to have occurred on the date stated above, at 1.00 A.M.

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

Fracture 1st., 3rd. lumbar vertebrae with dislocation

Fracture transverse processes 2nd. and 3rd. lumbar vertebrae

Other contributory causes of importance:

aortitis, arteriosclerotic pneumonia, lobular

Name of operation XXXXX Date of XXXX

What test confirmed diagnosis? Was there an autopsy? YES

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 7-6-, 1934

Where did injury occur? Vet. Adm. Facility, Excelsior (Specify city or town, county, and State) Spgs.

Specify whether injury occurred in industry, in home, or in public place. in hospital

Manner of injury Fell from window

Nature of injury Fracture and dislocation vertebrae

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) H. C. Hardegree  
H. C. Hardegree, Clin. M. D., Director  
(Address) Vet. Adm. Facility, Excelsior Springs, Mo.

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