

DEC 19 1934

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

Do not use this space.

33598

1. PLACE OF DEATH
75 County Oregon Registration District No. 635
Township Myrtle No. 740 Primary Registration District No. 6277
City Myrtle (No. 740) St. Ward)

2. FULL NAME Thomas B Garrison
(a) Residence, No. 740 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. 1 mos. 1 ds. How long in U. S., if of foreign birth? yrs. 1 mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 13, 1843

7. AGE YEARS 91 MONTHS 6 DAYS 1 If LESS than 1 day, hrs. or min.

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. Farming

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) Texas County Mo.

13. NAME Thomas B Garrison

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

15. MAIDEN NAME Garrison

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

17. INFORMANT A Garrison (ADDRESS) Myrtle Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bird Cemetery DATE Sept-13 1934

19. UNDERTAKER O. E. Wilkerson (ADDRESS) Myrtle Mo. (acting)

20. FILED 11-24 1934 H. J. Harpole Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-12 1934

22. I HEREBY CERTIFY, That I attended deceased from no Dr. used, 19....., 19.....
I last saw him alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.
The principal cause of death and related causes of importance were as follows:
Cause of Death old age of Catarrh of the Throat Date of onset 10/22

Other contributory causes of importance: 105

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?.....
If so, specify H. J. Harpole, Registrar (Signed) Myrtle Mo. M. D.
(Address) Myrtle 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.

