

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.

NOV 2 1934

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

Do not use this space.

1. PLACE OF DEATH

County Carter
Township Jackson
City (No.) (St.) (Ward)

Registration District No. 144
Primary Registration District No. 5287

File No. 35464
Registered No. _____

2. FULL NAME Jackie Garnett

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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 male 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) Oct. 5, 1933
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 0 12

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) Oulin Missouri

MOTHER FATHER
13. NAME Will Garrett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay County Arkansas

15. MAIDEN NAME Diana McMullen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francis Arkansas

17. INFORMANT Will Garrett
(ADDRESS) Ellisville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Butler Co. Black Creek cemetery DATE Oct. 18, 1934

19. UNDERTAKER Greer Undertaking Co.
(ADDRESS) Poplar Bluff, Missouri

20. FILED 10-25-34 Beal Brooks Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 17, 1934

22. I HEREBY CERTIFY That attended deceased from October 12th 1934 to October 12th 1934
I last saw him alive on October 12th 1934 Death is said to have occurred on the date stated above, at 4 A.m.
The principal cause of death and related causes of importance were as follows: Malnutrition over 10 months from family history. Date of onset _____

Other contributory causes of importance: No other cause known.
2014 2002

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? none 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? None
If so, specify _____
(Signed) Elijah A. Dally, M.D. M. D.
(Address) Route No. 1, Ellisville, Mo

