

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

Do not use this space.

1908

MAR 26 1935

1. PLACE OF DEATH
 County Laurance Registration District No. 472
 Township Stotts Primary Registration District No. 4285
 City Stotts (No.) St. Ward)

2. FULL NAME Martha J. Garoutte
 (a) Residence, No. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sam Garoutte
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15-1873
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 0 0
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
 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) Tex
 13. NAME John Robertson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tex
 15. MAIDEN NAME Nankens
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tex
 17. INFORMANT J. O. Holman
 (ADDRESS) St. city mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE East View DATE Jan 18 1935
 19. UNDERTAKER Phillips & Farnett
 (ADDRESS) Out Okesson
 20. FILED Jan 27 1935 Thos. H. Powell
Jan 27 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12 1935
 22. I HEREBY CERTIFY That I attended deceased from Jan 12 1935 to Jan 15 1935
 last saw him alive on Jan 12 1935 Death is said to have occurred on the date stated above, at 3 P. m.
 The principal cause of death and related causes of importance were as follows:
Coronary Sclerosis Date of onset 1-11-35
94
 Other contributory causes of importance:
Influenza
 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 of injury in any way related to occupation of deceased?
 If so, specify J. W. Beryl M. D.
 (Signed) J. W. Beryl M. D.
 (Address) Stotts

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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