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.

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

Do not use this space.

MAR 28 1935

1. PLACE OF DEATH
County Randolph — Registration District No. 735 — File No. 6526
Township ~~Sugar Creek~~ — Primary Registration District No. 3034 — Registered No. 27
City Moberly (No. ..., ... St. ..... Ward)

2. FULL NAME Mrs Sallie Garrett,
(a) Residence, No. 730 North Morley. 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Newton Garrett
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 16 1844
7. AGE YEARS 90 MONTHS 10 DAYS 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) Ky. Powell Co.

FATHER
13. NAME Henry Hall.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Powell Co. Ky.

MOTHER
15. MAIDEN NAME Cinthy Wills.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Ray Campbell Moberly. Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Hickory Grove. DATE Feb 4th 35
19. UNDERTAKER (ADDRESS) Snow Funeral Home. Moberly, Mo.
20. FILED 2/4 1935 Virginia Walker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 2 — 1935
22. I HEREBY CERTIFY, That I attended deceased from Jan. 31 — 1935 to Feb. 2 — 1935
I last saw her alive on Feb. 2 — 1935 Death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance were as follows:
Pneumonia, Bronchial — Date of onset Jan day
10 Yrs.
Other contributory causes of importance: —
Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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
(Signed) R. E. Huber, M. D.
(Address) Moberly, Mo.