

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

Do not use this space.

JUL 12 1935

18524

1. PLACE OF DEATH

County.....
Township.....
City.....
2297

Registration District No. **791**
1003

File No. **5509**
Registered No.
St. Ward

2. FULL NAME

(a) Residence, No. **4114** St. **Dueman** Ward. **19**
(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 <i>M</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May 13 - 30</i>		
7. AGE	YEARS	MONTHS
	<i>0</i>	<i>0</i>
		<i>0</i>
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) <i>St. Louis Mo</i>		

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) *St. Louis Mo*

13. NAME *Joe Garrison*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *California, Los Angeles*

15. MAIDEN NAME *Madge Blain*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Los Angeles California*

17. INFORMANT (ADDRESS) *Wasp Inf. City St. Louis*

18. BURIAL, CREMATION, OR REMOVAL PLACE *City crematorium 6/28/35*

19. UNDERTAKER (ADDRESS) *Wasp Inf. City St. Louis*

20. FILED *JUL 27 1935* Registrar *J. W. Brueckle*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5/13* 19*35*

22. I HEREBY CERTIFY, That I attended deceased from *5/13* 19*35* to *5/13* 19*35*

I last saw him alive on *5/13* 19*35*. Death is said to have occurred on the date stated above, at *8:30* a.m.

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

Premature

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? *no*

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.

(Signed) *J. S. Inaltrough*, M. D.

(Address) *City St. Louis*

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.

