

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

Do not use this space.

JUL 19 1935

18953

1. PLACE OF DEATH

County Boone Registration District No. 73
 Township..... Primary Registration District No. 3.006
 City Columbia (No. St. Ward)

File No.
 Registered No. 115

2. FULL NAME

Shirley Frances GARRISON

(a) Residence, No. 616 N 6th St. Ward.

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8th 1935
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 24

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. Child
 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) Columbia Mo

13. NAME Charles GARRISON

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co Mo

15. MAIDEN NAME SARAH Lee Nichols

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co Mo

17. INFORMANT Charles Garrison
 (ADDRESS) Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Memorial Park DATE June 2, 1935

19. UNDERTAKER R. O. Willett
 (ADDRESS) Columbia, Mo

20. FILED 6/3/35 1935 Allie Selby
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1st 1935

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1935, to June 1, 1935
 I last saw him alive on June 1, 1935 Death is said to have occurred on the day stated above, at 10:30 A.M.

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

Bronchitis pneumoniae Date of onset

Other contributory causes of importance:

Pertussis

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? No
 If so, specify

(Signed) E. S. Bastyst M. D.
 (Address) Columbia 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.

