

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.

AUG 20

23015

1. PLACE OF DEATH

County Lawson Registration District No. 399
 Township Leaw Primary Registration District No. 1002
 City Kansas City (No. 7 C Gen. Hosp)

File No. _____
 Registered No. 2873
 St. _____ Ward _____

2. FULL NAME

Passy Garnett
 (a) Residence, No. 1919 E. Madison 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 <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 23-1929</u>		
7. AGE	YEARS <u>5</u>	MONTHS <u>7</u>
		DAYS <u>14</u>
		If LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child</u>	
	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	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-7 1935
 22. I HEREBY CERTIFY, That I attended deceased from 7-5 1935 to 7-7 1935
 I last saw him alive on 7-7 1935 Death is said

to have occurred on the date stated above, at 6:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Epidemic cerebro-spinal meningitis
18
 Date of onset _____

Other contributory causes of importance:

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>7 C Mo</u>
	13. NAME <u>Harvey H. Garnett</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>7 C Mo</u>
	15. MAIDEN NAME <u>Bernice Bernhardt</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>7 C Mo</u>
FATHER	17. INFORMANT (ADDRESS) <u>Mr Harvey H Garnett</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Hill</u> DATE <u>July 12</u> 19 <u>35</u>
	19. UNDERTAKER (ADDRESS) <u>Neuro-Nude</u>
20. FILED <u>July 8 3:50 p.m. M. Brown</u> Registrar.	

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes
 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) Passy Garnett, M. D.
 (Address) 7 C Gen. Hosp

