

SEP 7 8 1935

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

Do not use this space.

25518

## 1. PLACE OF DEATH

County Barry  
Township Roaring River  
City                      (No.                      St.                      Ward)                     

Registration District No. 38  
Primary Registration District No. 5055

File No.                       
Registered No.                     

2. FULL NAME Travis Allen Garrett

(a) Residence, No. Eagle Rock, Mo. 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 <u>Male</u>	4. COLOR OR RACE <u>White</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>Aug. 11, 1935</u>		
7. AGE	YEARS	MONTHS
	<u>0</u>	<u>0</u>
		<u>16</u>
If LESS than 1 day, .....hrs. or .....min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Infant</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.....

12. BIRTHPLACE (CITY OR TOWN) Barry County  
(STATE OR COUNTRY) Missouri

13. NAME Lewis Day Garrett

14. BIRTHPLACE (CITY OR TOWN) Barry County  
(STATE OR COUNTRY) MO.

15. MAIDEN NAME Emma Pruitt

16. BIRTHPLACE (CITY OR TOWN) Barry County  
(STATE OR COUNTRY) MO.

17. INFORMANT E. C. Easley  
(ADDRESS) Eagle Rock, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Muncy DATE Aug. 26, 1935

19. UNDERTAKER Family  
(ADDRESS)                     

20. FILED 9/16, 1935 Emma Weddington  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from births, 1935, to Aug 21, 1935

I last saw him alive on Aug. 21, 1935. Death is said

to have occurred on the date stated above, at 4:45A m.

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

Pneumonia Nervitum Date of onset 8/25

Other contributory causes of importance:

153

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?

If so, specify                     

(Signed) E. C. Easley M. D.

(Address) Cassville, Mo.

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.

