

SEP 20 1935

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

Do not use this space.

26248

## 1. PLACE OF DEATH

County Henry Registration District No. 14  
Township Windsor Primary Registration District No. 14-11  
City Windsor (No.     ) St.      Ward     

File No.       
Registered No. 232. FULL NAME Mrs. Crota Kerr Garland(a) Residence, No.      St.      Ward.       
(Usual place of abode)

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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Richard Garland6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 16, 18747. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
60 8 98. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home maker9. 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) Pettis County Missouri13. NAME John Kerr14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio15. MAIDEN NAME Armida Pletcher16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County Missouri17. INFORMANT Richard Garland (ADDRESS) Windsor, Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor, Mo. DATE Aug. 26, 193519. UNDERTAKER Huston Turner (ADDRESS) Windsor, Mo.20. FILED Aug 26 1935 W. J. Deming Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 25, 193522. I HEREBY CERTIFY, That I attended deceased from Aug - 15, 1935, to Aug 25, 1935I last saw      alive on Aug 25, 1935. Death is said to have occurred on the date stated above, at 11:20 A. M.

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

     Date of onset           
Brain - Paralysis  
at sideOther contributory causes of importance:     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) Arnwall, M. D.(Address) Windsor 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.

