

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

Do not use this space.

OCT 25 1935

30306

1. PLACE OF DEATH

County Dumas Registration District No. 1099
Township Hilltop Primary Registration District No. 5868
City Wardell St. _____ Ward _____

2. FULL NAME

Bertha Lee Garrett
(a) Residence, No. _____ 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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEP 15 - 1935

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
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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) Wardell MO

13. NAME None

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wardell MO

15. MAIDEN NAME Bertha Lee Garrett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arnsperg MO

17. INFORMANT (ADDRESS) G. L. Garrett

18. BURIAL, CREMATION, OR REMOVAL PLACE Wardell DATE 9-18 1935

19. UNDERTAKER (ADDRESS) Mill Barber Wardell MO

20. FILED 10.9 1935 J. P. Crasy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9 16 1935

22. I HEREBY CERTIFY, That I attended deceased from did not attend, 19____
I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Do Not Know
Cause of Death

Other contributory causes of importance: to
7 5 11

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) W. L. Denton, M. D.
(Address) Wardell 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.

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