

APR 27 1936

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

Do not use this space.

13632

1. PLACE OF DEATH

County SalineRegistration District No. 795Township Marshall moPrimary Registration District No. 3038City Marshall moNo. Mo State School St. Mo State School Ward.

File No. _____

Registered No. 82

St. _____ Ward)

2. FULL NAME Elizabeth Garrett(a) Residence, No. Mo State School St. _____ Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 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) single

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15, 18887. AGE YEARS 47 MONTHS 5 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Barton Co mo (STATE OR COUNTRY)13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)17. INFORMANT State School Board (ADDRESS) Marshall mo18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. S. S. Cem. DATE Mar 31, 193619. UNDERTAKER Spit & McCrory (ADDRESS) Marshall mo20. FILED Mar 31, 1936 Kelen Huber Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 29, 193622. I HEREBY CERTIFY, That I attended deceased from Doc, 1927, to Mar 29, 1936I last saw her alive on Mar 29, 1936 Death is saidto have occurred on the date stated above, at 9:45 P.M.

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

Myocarditis Date of onset _____

Other contributory causes of importance:

Fractured Hip Jan '36

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury Jan, 1936Where did injury occur? Marshall mo

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

mo. State SchoolManner of injury FallNature of injury Fractured hip24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) M. K. Pate, M. D.(Address) Marshall 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.

