MAY 28 1936

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

Do not use this space.

18169

1. PLACE OF DEATH
County: Scotland
Township: Jefferson
City: (No. St. Ward)

Registration District No.: 810
Primary Registration District No.: 6055

File No.:
Registered No.: 26

2. FULL NAME: Sarah Ma 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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. If ~~MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: Albert L. Garrett

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 11-1855

7. AGE: Years 77 | Months 11 | Days 5 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sullivan Co Mo

PARENTS
10. NAME OF FATHER: William Adams
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Rachel Carter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Tina Garrett
(Address): Memphis Mo

15. FILED MAY 18 1936 C. L. Garrison REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr 16 1936

17. I HEREBY CERTIFY, That I attended deceased from 4/16, 1936, to 4/16, 1936, that I last saw h. w. alive on 4/16, 1936, and that death occurred, on the date stated above, at 10:00 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
8:2 a
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Hypertension
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) O M Baker, M. D
4/17, 1936 (Address) Memphis Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Memphis Cemetary — DATE OF BURIAL: April 17 1936
20. UNDERTAKER: Scott Barkett — ADDRESS: Memphis

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.