

MAY 25 1936

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

Do not use this space.

19190

1. PLACE OF DEATH

County GreeneRegistration District No. 318Township CampbellPrimary Registration District No. 5440City Springfield(No. U.S. Hoop for Def. Del)

File No. _____

Registered No. 412

St. _____

Ward) _____

2. FULL NAME Henry Garrett

(a) Residence, No. _____

St. _____

Ward. _____

Lehigh, Okla.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

13

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFAnna Mae Garrett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Aug 25 - 1875

7. AGE

YEARS

60

MONTHS

8

DAYS

26If LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Farmer9. 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) Unknown11. Total time (years)
spent in this
occupation Unknown12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Harlan County, Ky.MOTHER
FATHER

13. NAME

Baty Garrett14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Kentucky

15. MAIDEN NAME

Nancy Skidmore16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Kentucky

17. INFORMANT

(ADDRESS)

Deceased

18. BURIAL, CREMATION, OR REMOVAL

PLACE National Home DATE May 4 - 1936

19. UNDERTAKER

(ADDRESS)

Alma Lohmeyer Funeral Home
Springfield, Missouri

20. FILED

May 3, 1936 Dr. Chas A George
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1936 1922. I HEREBY CERTIFY, That I attended deceased from
April 18, 1936 to May 1, 1936, 19I last saw him alive on May 1, 1936, 19. Death is said
to have occurred on the date stated above, at 9:05 A.M.

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

Septicemia, cause and organism
unknown.

Date of onset

1936.

Other contributory causes of importance:

Name of operation None Date of _____What test confirmed diagnosis? Clinical Was there an autopsy? Yes23. 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) R. H. Felix, Asst. Surgeon M. D.(Address) Clinical Director, U.S. Hosp.
for Defective Delinquents,Springfield, Missouri.

