

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

Do not use this space.

NOV 23 1936

37230

1. PLACE OF DEATH

County..... Dent
Township..... Springcreek
City..... (No....., St..... Ward)

Registration District No. 266
Primary Registration District No. 3-270

File No.....
Registered No. 78

2. FULL NAME Willis E. Garrett

(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 male 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 Pearl Agnes Olney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 12 1874

7. AGE YEARS 62 MONTHS 11 DAYS 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Dent Co. Mo

13. NAME J M Garrett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va

15. MAIDEN NAME Mandy Warden

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va

17. INFORMANT (ADDRESS) Mrs W E Garrett Salem Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cedar Grove DATE Oct. 17 36

19. UNDERTAKER (ADDRESS) C. H. Spencer Salem Mo

20. FILED 10/17/36 J. C. Rensold, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from August, 1936 to Oct 15, 1936

I last saw him alive on Oct 12, 1936 Death is said

to have occurred on the date stated above, at 1:20 A.M.

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

Carcinoma of R side of face Date of onset

Other contributory causes of importance:

Secondary involvement of brain the last 10 days

Name of operation..... Date of.....
What test confirmed diagnosis? Clivical Was there an autopsy? no

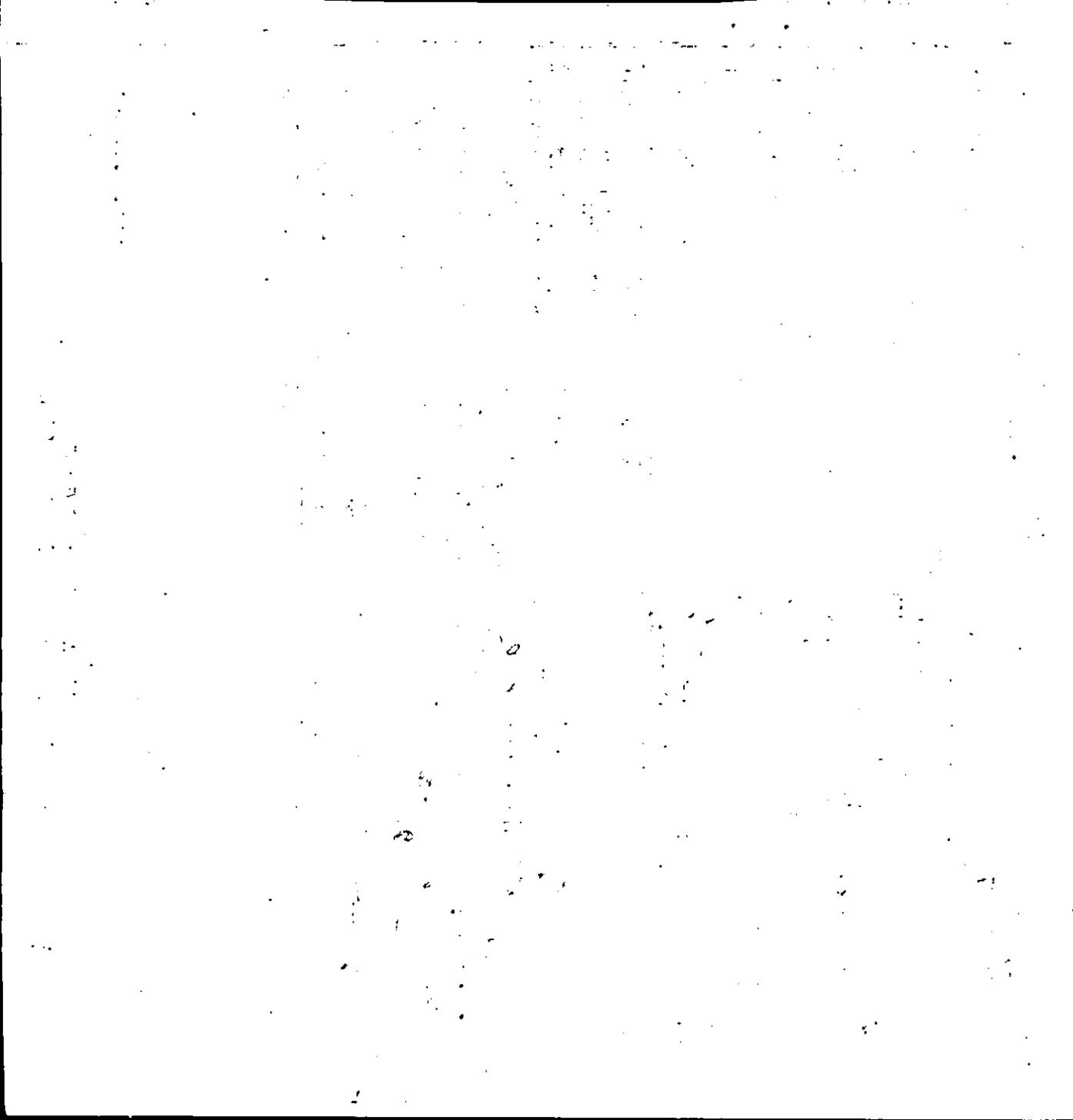
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury....., 19.....

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) J. C. Rensold, Jr., M. D.
(Address) Salem Mo



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CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County Went
Township Springcrest
City (No.) (St.) (Ward ..)

Registration District No. 266
Primary Registration District No. 3370

File No.
Registered No. 73

2. FULL NAME

Willio E. Garrett

(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 61 11 4

OCCUPATION 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.

19. UNDERTAKER (ADDRESS)

20. FILED 19/10/36 W. C. Ruddy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 16 1936

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19..... I last saw h..... 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:

Carcinoma of L side of
upper left jaw at Temporal
bone primary best

Other contributory causes of importance:
secondary involvement of
brain the last 10 days

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) J. C. Ficke M. D. (Address) Salem mo

SUPPLEMENTAL

S-39230