

DEC 3 1936

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

Do not use this space.

38501

1. PLACE OF DEATH

County Newton Registration District No. 1
Township Granby Primary Registration District No. 1
City Granby (No.) St. Ward

File No.
Registered No.

2. FULL NAME

Biddie Rachael Garvin

(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 Female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF M. Garvin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 19 1888
7. AGE YEARS 48 MONTHS 11 DAYS 19 If LESS than 1 day, hrs. or min.
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. Housewife
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

OCCUPATION

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Neosho Missouri
13. NAME John Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
15. MAIDEN NAME Mary Rachelle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas
17. INFORMANT (ADDRESS) Mrs. Dave Garvin Granby Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Neosho Mo DATE 10/9 1936
19. UNDERTAKER (ADDRESS) Byghams Neosho Mo
20. FILED Oct 9 1936 M. F. Rolens Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/8 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 12 1936 to Oct 8 1936

I last saw h. er. alive on Oct 4 1936. Death is said

to have occurred on the date stated above, at 5 A. m.

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

mitral insufficiency Date of onset 1 yr.

Other contributory causes of importance Arteriosclerosis 1 yr.

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) M. F. Rolens, M. D.

(Address) Granby Mo.

