

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

Do not use this space.

45306

JAN 9 1937

1. PLACE OF DEATH

County Laclede
Township Ligon
City Ligon (No. _____ St. _____ Ward _____)

Registration District No. 449
Primary Registration District No. 4267

File No. _____
Registered No. _____

2. FULL NAME Laurie Enoch Harrett - 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 13 - 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
47 0 8

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) Laclede Co. Mo.

13. NAME Jack Harrett

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

15. MAIDEN NAME Caroline Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laclede Co. Mo.

17. INFORMANT (ADDRESS) Mr. Ora Harrett

18. BURIAL, CREMATION, OR REMOVAL PLACE White Oak Pond DATE 12-23-36

19. UNDERTAKER (ADDRESS) Palmer Ligon

20. FILED 12-26-36 J. A. McComb Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1936, to 1936, 1936

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 6 p.m.

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

Fracture of Skull

Date of onset

Other contributory causes of importance

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 12-21, 1936

Where did injury occur? Laclede Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On highway 5. Pedestrian struck by car

Manner of injury auto accident

Nature of injury fracture skull

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____ (Signed) J. P. Sommers, M. D. (Address) Ligon 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.

