

APR 29 1937

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

Do not use this space.

13949

## 1. PLACE OF DEATH

County VernonRegistration District No. 875

Township

Primary Registration District No. 3039City Nevada (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mrs. Bellie Garrett(a) Residence, No. W. Walnut St. \_\_\_\_\_ Ward \_\_\_\_\_

(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) Widow5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Widow6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 3 18467. AGE YEARS 90 MONTHS 3 DAYS 20 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) unknown (STATE OR COUNTRY)13. NAME Moses Russell14. BIRTHPLACE (CITY OR TOWN) Ky. (STATE OR COUNTRY)15. MAIDEN NAME Mary Love16. BIRTHPLACE (CITY OR TOWN) Ky. (STATE OR COUNTRY)17. INFORMANT Mrs. L. H. McDaniel (ADDRESS) Nevada Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Deepwood DATE Jan. 24 193719. UNDERTAKER Allen J. Boyce (ADDRESS) Deepwood 32020. FILED Mar. 19 1937 M. C. Eichelberger Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 23 1937

22. I HEREBY CERTIFY That I attended deceased from

Jan. 19 1937, to Jan. 23 1937I last saw her alive on Jan. 23 1937. Death is saidto have occurred on the date stated above, at 11 a.m.

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

Influenza Pneumonia Date of onset \_\_\_\_\_Other contributory causes of importance: None

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? ✓ 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? No

If so, specify \_\_\_\_\_

(Signed) L. W. Amerson M. D.(Address) Nevada 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.

