CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

MAY 21 1937

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No. 16571
Township — Primary Registration District No. 3019 — Registered No. 147
City Independence (No. — St. — Ward)

2. FULL NAME Premature Still birth "Garrett"
(a) Residence, No. 1621 W College St., 1 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ✓
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22/37
7. AGE YEARS 0 MONTHS 0 DAYS 0 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Premature Babe
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) Independence Mo.

FATHER
13. NAME Thomas M Garrett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lone Jack Mo.

MOTHER
15. MAIDEN NAME Elsie Marie Cox
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg Kas.

17. INFORMANT (ADDRESS) Thomas M Garrett Independence
18. BURIAL, CREMATION, OR REMOVAL
PLACE Lone Jack Mo. DATE April 22 1937
19. UNDERTAKER (ADDRESS) Tom. M. Garrett
20. FILED 4-28-1937 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22, 1937
22. I HEREBY CERTIFY, That I attended deceased from delivered, 19..., to April 22, 1937
I last saw her alive on ..., 19... Death is said to have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance were as follows:
Premature about 5 month Date of onset
Cord wraped around its neck 4 times in utero
Other contributory causes of importance:

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) F. L. Cook, M. D.
(Address) Independence