

JAN 18 1938

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

Dr. Russell
Do not use this space
Co. Doctor
45438
1151

1. PLACE OF DEATH

39 County Greene Registration District No. 316
Township W. Campbell Primary Registration District No. 5439
City Springfield, Mo. Pl. 4 Greene Co. Farm (Ward)

2. FULL NAME

James Garrison
(a) Residence, No. Pl. 4 St. _____ Ward _____

Length of residence in city or town where death occurred _____ 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

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

7. AGE About 75 YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Newspaper
10. Date deceased last worked at this occupation (month and year) _____ (Total time years) _____ in this occupation

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

FATHER 13. NAME W. K. No 31

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. UK 31

MOTHER 15. MAIDEN NAME Information UK

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

17. INFORMANT (ADDRESS) Mrs. G. G. Watkins Little Rock Ark

18. BURIAL, CREMATION, OR REMOVAL PLACE East Lawn DATE Dec. 11 - 37

19. UNDERTAKER (ADDRESS) Alma Russell Springfield, Mo.

20. FILED Dec 11, 1937 Chas. A. George Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 7 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 20 1937 to Nov 28 1937

I last saw him alive on Nov 28 1937 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:
Chronic Nephritis 1925

Other contributory causes of importance:
131

Name of operation _____ Date of _____
What test confirmed diagnosis? Chinua 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) R. Russell M. D.
(Address) Springfield Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD—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.

