

DEC'D APR 20 1938

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

Do not use this space.

1. PLACE OF DEATH
 55 County Lavaca
 Township Franklin
 20 City Marionville (No. 0)

 Registration District No. 408
 Primary Registration District No. 4281

 File No. 11275
 Registered No. 9
 St. _____ Ward) _____
2. FULL NAMESusie Garoutte 630
 (a) Residence, No. _____ St. _____ Ward. _____
 (Usual place of abode)

 Length of residence in city or town where death occurred 12 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. C. Garoutte
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17 - 1868
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 69 11 6

 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Missouri
 FATHER 13. NAME Marshall Wilson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn
 MOTHER 15. MAIDEN NAME May Rose
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT (ADDRESS) J. C. Garoutte Marionville Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE 2007 Marionville DATE Mar 25 193819. UNDERTAKER (ADDRESS) A. S. Wallace Billings Mo.20. FILED Apr. 10 1938 Laura O. Connolly Registrar**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 23rd 193822. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1937 to March 23 1938I last saw her alive on March 23 1938. Death is said to have occurred on the date stated above, at 3 P.m.

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

Chronic glomerular nephritis. Date of onset Unknown.

Other contributory causes of importance:

Arteriosclerosis

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) Wayne M. Weaver, M. D.(Address) Marionville, Mo.

