

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

REC'D MAY 16 1938

14309

1. PLACE OF DEATH

County Cass Registration District No. 157
Township Pleasant Hill Primary Registration District No. 5021
City (No.) St. (Ward)

File No. _____
Registered No. 16 St. _____ Ward _____

2. FULL NAME

Charles H. Garrett St. _____ Ward _____
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 15 2 1938

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

22. I HEREBY CERTIFY, That I attended deceased from 12-15, 1937, to Apr 2, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14-1856

I last saw him alive on Apr 1, 1938. Death is said to have occurred on the date stated above, at 6 P m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 81 11 18

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

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

Chronic nephritis (arteriosclerotic) Date of onset not

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

Other contributory causes of importance: not

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Lancaster Missouri

MOTHER FATHER 13. NAME James Garrett

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

MOTHER FATHER 15. MAIDEN NAME Jane Carter

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

17. INFORMANT E. H. Garrett (ADDRESS) Wickliffe, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wm. Washington DATE 4-4-1938

19. UNDERTAKER (ADDRESS) A. A. Nofziger, Pleasant Hill, Mo.

20. FILED 4-4-, 1938 Mrs. Etta M. Aldridge Registrar

Name of operation _____ Date of _____
What test confirmed diagnosis Smear 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) Col. Howard, M. D.
(Address) Pleasant Hill Mo

