

DEC'D JUL 25 1938

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

22737

Do not use this space.

1. PLACE OF DEATH

(a) County Randolph
 (b) Township Moberly
 (c) City Moberly

Registration District No. 735
 Primary Registration District No. 3934
 (d) Street No. 519 So 5th

Registered No. 123
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Elizabeth Garnett
 (a) Residence, No. 519 So 5th St.

(Usual place of abode, if no street address, write county or city)

(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 Joel B. Garnett
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 9th 1880
 7. AGE YEARS 53 MONTHS 4 DAYS 8 IF LESS THAN 1 day,hrs. ormin.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
 9. Industry or business in which work was done, as 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) Mo 0

FATHER 13. NAME William P. Ash 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 0

MOTHER 15. MAIDEN NAME Hester A. Wilson

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

17. INFORMANT Joel B. Garnett
(ADDRESS) Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Madison DATE June 19th 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mahon and Son
Moberly Mo

20. FILED June 20, 1938 Ethel Spitzer
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17th 1938

22. I HEREBY CERTIFY That I attended deceased from March 19, 1938, to June 17th 1938

I last saw h.e.r. alive on June 16, 1938. Death is said to have occurred on the date stated above, at 11⁰⁰ a.m.

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

Chronic Interstitial Nephritis
Myocarditis

Date of onset Wilson
March 30-1938

Other contributory causes of importance: 121

Name of operation ✓ Date of
 What test confirmed diagnosis? Uremic analysis 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? Mo
 If so, specify

(Signed) Ed. G. Gessels, M. D.
 (Address) Moberly, 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.

1 X14023

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Frank B DeWitt

Licensed Embalmer No. 3021

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.