

REC'D SEP 13 1938

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

27937

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Jean Primary Registration District No. 100
 (c) City Jackson City (d) Street No. 72 C Gen 1 St St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 3248

2. PRINT FULL NAME

Nancy Garrison 620
 (a) Residence No. 1405 E 8th St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-22-1861
 7. AGE YEARS 77 MONTHS - DAYS 21 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
 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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark 9FATHER 13. NAME Not known 914. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UnknownMOTHER 15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 1117. INFORMANT Reverend Clerk
(ADDRESS) 72 C Gen 1 St18. BURIAL, CREMATION, OR REMOVAL
PLACE Berman's DATE 8-15-3819. FUNERAL DIRECTOR (NAME) (ADDRESS) Peter B. Lopetina
City20. FILED Aug 16 38 19 M. M. Brogue
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-13 193822. I HEREBY CERTIFY, That I attended deceased from 7-30, 1938, to 8-13, 1938I last saw him alive on 8-13, 1938 Death is saidto have occurred on the date stated above, at 9:05 a m

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

Pulmonary Tuberculosis; Tuberculosis of
apex Date of onset

Other contributory causes of importance: 23Tuberculosis Pneumonia

Name of operation..... Date of.....

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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? 1If so, specify 1(Signed) P. F. De Maren M. D.(Address) 72 C Gen 1 St

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.....

Licensed Embalmer No.....

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.