

SEP 16 1938

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

29439

Do not use this space.

1. PLACE OF DEATH

(a) County Maguire Registration District No. 526
 (b) Township Loda Primary Registration District No. 5700
 (c) City Atlanta Mo (d) Street No. _____ 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John M. Garrett

(a) Residence, No. _____ 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15 - 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 1 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 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) Dec. 1937
 11. Total time (years) spent in this occupation _____

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

13. NAME John M. Garrett, Sr.

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

15. MAIDEN NAME Sarah Whiteaker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Ky.

17. INFORMANT (ADDRESS) Mrs. Chas. Harn
Atlanta Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Aug-26-(not Tubor) 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. M. Hordding
Atlanta, Mo.

20. FILED 9-1- 1938 W. M. Mcneely
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1935 to Aug 24 1938
 I last saw him alive on Aug 24 1938 Death is said to have occurred on the date stated above, at 11:45 P.M.
 The principal cause of death and related causes of importance were as follows:

Valvular Disease of the heart
92 W
 Other contributory causes of importance: cardiac
Dropy

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? _____
 If so, specify no
 (Signed) W. M. Mcneely, M. D.
 (Address) Atlanta 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.

RECEIVED

District Health Officer No. 10

District File Number 10-38-29

Date Filed 9/14/38

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, _____

H. M. Gooding

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

H. M. Gooding

Licensed Embalmer No. 1750

P. O. Address Atlanta, Ga.

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.