

REC'D OCT 19 1938

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

Do not use this space.

1. PLACE OF DEATH

County Camden  
Township Russell  
City                      (No.                     )

Registration District No. 120  
Primary Registration District No. 5172

File No. 31862  
Registered No. 14

2. FULL NAME

John Garringer 652

(a) Residence, No.                      St.,                      Ward.                     

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS supposed to be 86 MONTHS                      DAYS                      If LESS than 1 day,                      hrs. or                      min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.                       
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own farm  
10. Date deceased last worked at this occupation (month and year) Aug 1st 1938 11. Total time (years) spent in this occupation                     

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

13. NAME David Garringer

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

15. MAIDEN NAME Angella Garringer

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

17. INFORMANT Albert W. Myers (ADDRESS) Mockers Creek Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Shelburn Cemetery DATE 9-4- 1938

19. UNDERTAKER                      (ADDRESS)                     

20. FILED 9-4- 1938 D. G. Myers Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3rd 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1st 1937, to Sept 3rd 1938

I last saw him alive on Aug 31st 1938 Death is said to have occurred on the date stated above, at 9:50 a.m.

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

Chronic Interstitial Nephritis about 1933

Other contributory causes of importance:

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) D. G. Myers M. D. (Address) Mockers Creek Mo.

115 (Address)                     

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.

1864

Allegany

1864