

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.

1938 NOV 18 1938

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

**36516**  
Do not use this space.

1. PLACE OF DEATH *Prepps 2*

(a) County *Prepps* Registration District No. *677*

(b) Township *Rolla* Primary Registration District No. *4403* Registered No. *132*

(c) City *Rolla* (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_

(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 *Leon Ellis Garrett*

(a) Residence, No. *630* *Rolla, Mo.* St.  (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Male* 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 *Mary Garrett*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 31, 1872*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<i>65</i>	<i>11</i>	<i>28</i>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Teacher*

9. Industry or business in which work was done, as saw mill, bank, etc. *State School*

10. Date deceased last worked at this occupation (month and year) *10-28-38* 11. Total time (years) spent in this occupation *45*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Camp Point Ill*

FATHER

13. NAME *George W. Garrett*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Camp Point Ill*

MOTHER

15. MAIDEN NAME *Hannah Greenholgh*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Camp Point Ill*

17. INFORMANT (ADDRESS) *Mrs Mary Garrett Rolla Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St Louis Mo* DATE *Oct 31 1938*

19. FUNERAL DIRECTOR (ADDRESS) *Mrs. Harry McCaw Rolla Mo.*

20. FILED *Oct 31 1938* *Geo. F. Ayers* Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *10 - 28 1938*

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at *10:30 Pm.*

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

*Cerebral Hemorrhage*

Date of onset \_\_\_\_\_

Other contributory causes of importance:

1 \_\_\_\_\_

1 \_\_\_\_\_

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) *Oral E. Spick* \_\_\_\_\_ (Address) *St. Jo. Mo.*

STATEMENT BY LICENSED EMBALMER

I, R. J. McCaw, Licensed Embalmer No. 3953  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by self  
..... L. E. ....  
No. 3953 or by —, Registered Apprentice No. —  
working under my personal supervision.

Signed

R. J. McCaw

Licensed Embalmer No. 3953

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.)