CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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REC'D MAR 16 1939

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

7931
Do not use this space.

1. PLACE OF DEATH

(a) County Saline 3 Registration District No. 796

(b) Township Marshall Primary Registration District No. 6039 Registered No. 23

(c) City 1 (d) Street No. Saline County Home 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 630 Maurice Garrett

(a) Residence, No. 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: 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) June 14th, 1876

7. AGE: YEARS 62 MONTHS 7 DAYS 20 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Saline County Missouri

FATHER
13. NAME Isaiah Garrett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline County Missouri

MOTHER
15. MAIDEN NAME Sarah Margaret Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline County Missouri

17. INFORMANT (ADDRESS) Mrs. L. C. Venable Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Shiloh Cemetery DATE Feb. 5th, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Campbell-Lewis Marshall, Mo.

20. FILED 2-4-1939 Mary Kent Dep. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1938, to Feb. 4, 1939.
I last saw him alive on Jan. 30, 1939. Death is said to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma gastric	10 months

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Other contributory causes of importance:
Hemiplegia left,
Hypertension

Name of operation Clinical 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) [signature] M. D.
712 (Address) Marshall Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date 3/10/39

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, R.W. Campbell, or by .....

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

Signed R.W. Campbell

Licensed Embalmer No. 3469

P. O. Address Marshall, Mo

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

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