

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

NOV 24 MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

35963

State File No.

Registrar's No.

Registration District No. 266

Primary Registration District No. 4164

1. PLACE OF DEATH:

(a) County Dent 2
(b) City or town Salem
(c) Name of hospital or institution: -----
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: ----- (Specify whether)
In this community: ----- years, months or days

3. (a) PRINT FULL NAME William Thomas Garrett 630

8. (b) If veteran, name war: ----- 8. (c) Social Security No. -----

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased May 1, 1860
(Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days 30 If less than one day hr. min.

9. Birthplace Dent County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

MOTHER FATHER { 12. Name George Washington Garrett /
13. Birthplace Kentucky /
14. Maiden name Mary Ann Wells /
15. Birthplace Virginia /
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edith Finley
(b) Address Salem, Missouri

17. (a) Burial (b) Date thereof 11/2/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Grove Cemetery

18. (a) Signature of funeral director Carl E. Spencer
(b) Address Salem, Missouri

19. (a) November 1, 1939 (b) T. R. Hutter, M.D. 245
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent
(c) City or town Salem
(If outside city or town limits, write "RURAL")
(d) Street No. ----- (If rural, give location)
(e) If foreign born, how long in U. S. A. ? ----- years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31
year 1939 hour 2:50 minutes 39 A. M.

21. I hereby certify that I attended the deceased from July 15 to October 31, 1939.
that I last saw him alive on October 31, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver Duration Several months

Due to Injury received by car May 2, 1936

Due to 1939

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work (e) Means of injury

23. Signature T. R. Hutter, M.D. (M. D. or other) M.D.
Address Salem, Missouri Date signed 11-1-39

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, ~~myself~~.....

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

District Health Officer No. 5,

District File Number 1139395

Date Filed 11839

Signed

Wm. W. McDonald

Licensed Embalmer No.

3806

P. O. Address

Salem, Mo.

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

35-963
Do not use this space.

1. PLACE OF DEATH

(a) County Dent
(b) Township Salem
(c) City Salem
(e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 266
Primary Registration District No. 4164

Registered No.

(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Wm Thomas Garrett 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 <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>wid</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE <u>79</u>	YEARS <u>5</u>	MONTHS <u>30</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		
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)

13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. alive on 19..... Death is said

to have occurred on the date stated above, at.....m.

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

Cancer of liver Date of onset

Primary received by call

1936

Other contributory causes of importance:

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

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

(Signed) F. E. Butler, M. D.

(Address) Salem

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Cow jumped on deceased causing
severe injury to liver and
fracturing several ribs -
Carcinoma of liver developed