

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

36073
Do not use this space.

1. PLACE OF DEATH **REC'D NOV 14 1939**

(a) County GREENE Registration District No. 318
 (b) Township SPRINGFIELD Primary Registration District No. 2001 Registered No. 761
 (c) City SPRINGFIELD (d) Street No. 2423 N. Fremont 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 Clifford Henry Garrett
 (a) Residence, No. 2423 N. Fremont St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25 1904

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
✓	35	7	20	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 0

11. Total time (years) spent in this occupation 0

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

FATHER

13. NAME Henry Madison Garrett

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

MOTHER

15. MAIDEN NAME Mary Coker

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

17. INFORMANT (ADDRESS) Mauderina Garrett 2221 Ramsey

18. BURIAL, CREMATION, OR REMOVAL PLACE Lincoln Mem Oct 18, 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W.P. Campbell 567 Wash Ave

20. FILED Oct 16 1939 Ches. B. George Md. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-15-1939

22. I HEREBY CERTIFY, That I attended deceased from 9-5-1939 to 10-15-1939

I last saw him alive on 10-14-1939. Death is said to have occurred on the date stated above, at 3:15 a.m.

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

Bronchial Asthma

Date of onset 11/2

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 _____, 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 _____
 (Signed) W. Kelly _____, M. D.
 (Address) Springfield 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.

39
6
W. Kelly

I X18903

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, or by.....
W.P. Campbell....., Registered Apprentice No.....
working under my personal supervision.

Signed *W.P. Campbell*.....

Licensed Embalmer No. *1742*.....

P. O. Address.....

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.

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