

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

Do not use this space.

**9163**

**1. PLACE OF DEATH**

County Chariton  
Township Ripley  
City Chariton (No.       )

Registration District No. 177  
Primary Registration District No. 5246

File No. 20  
Register No. 38 (Ward)

**2. FULL NAME**

(a) Residence, No.        St.        Ward.         
(Usual place of abode)

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 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 Ellie Karitt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29 1863

7. AGE YEARS 67 MONTHS 8 DAYS 24 If LESS than 1 day, hrs. or min.

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

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

10. Date deceased last worked at this occupation (month and year) 1920 11. Total time (years) spent in this occupation       

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lin Co Missouri

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Cecil Kurn

18. BURIAL, CREMATION, OR REMOVAL PLACE Ripley DATE March 28 1931

19. UNDERTAKER (ADDRESS)       

20. FILED       , 19        Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1931 to March 26 1931

I last saw him alive on Feb 1 1931. Death is said

to have occurred on the date stated above, at 10 30 a.m.

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

Cancer of stomach Date of onset       

Other contributory causes of importance: 446 B

Name of operation        Date of       

What test confirmed diagnosis? No 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? No

If so, specify       

(Signed) R. P. Quinn, M. D.

(Address) Ripley 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.

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REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Chariton  
Township Triplett  
City                      (No.                     )

Registration District No. 177  
Primary Registration District No. 5245-

File No. 20  
Registered No. 38  
St.                      Ward                     

2. FULL NAME

Chas Augusta Garrett  
(a) Residence, No.                      St.                      Ward                       
(Usual place of abode)  
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) M  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF                       
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)                       
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.

OCCUPATION  
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.  
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)                     

FATHER  
13. NAME                     

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

MOTHER  
15. MAIDEN NAME                     

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

17. INFORMANT (ADDRESS)                     

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE                     

19. UNDERTAKER (ADDRESS) Seppard & Fink Co. 326 31 R P Pure

20. FILED 3/26 19 31 Registrar                     

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 26, 19 31

22. I HEREBY CERTIFY, That I attended deceased from                     , to                     , 19                     .  
I last saw him 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:

Date of onset                       
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)                     , M. D.  
(Address)

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