

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.

WHITE PLAIN; WITH WRAPPING INVA... THIS IS A PERMANENT RECORD

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Henry
Township White Oak
City Urich

Registration District No. 347
Primary Registration District No. 5475

File No. 12655

Registered No. 55 St. _____ Ward _____

2. FULL NAME

Mary Elizabeth Garrison

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? 72 yrs. mos. 11 ds.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Robert A. Garrison</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 5th 1862</u>		
7. AGE <u>72</u>	YEARS <u>0</u>	MONTHS <u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Gen. House-work</u>
10. Date deceased last worked at this occupation (month and year) <u>1934</u>		11. Total time (years) spent in this occupation <u>52</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Raytown Tenn.</u>		
13. NAME <u>David Killing</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>		
15. MAIDEN NAME <u>Erabella Calley</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>		
17. INFORMANT (ADDRESS) <u>Joe Garrison Urich Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Huntingdale</u> DATE <u>Apr 17th 1934</u>		
19. UNDERTAKER (ADDRESS) <u>H. P. Smith Urich Mo</u>		
20. FILED <u>4-27 1934</u> <u>J. R. Houghton</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16th 1934

22. I HEREBY CERTIFY, That I attended deceased from April 10 1934 to April 16th 1934. I last saw her alive on Apr 16th 1934. Death is said to have occurred on the date stated above, at 12:25 A.M.

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

Other contributory causes of importance:
Gen. Abdominal Peritonitis

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? no
If so, specify _____
(Signed) J. S. McDonald, M. D.
(Address) Urich Mo

