

JUN 22 1936

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

Do not use this space.

19240-a

1. PLACE OF DEATH  
County Henry Registration District No. 347  
Township Clinton Primary Registration District No. 3018  
City Clinton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Denise Jane Garrett  
(a) Residence, No. 615 S. Richard St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrote the word) wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 26 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 85 2 27

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

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) Sullivan Co Mo

FATHER 13. NAME Jonathan Michael

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

MOTHER 15. MAIDEN NAME Sarah Overstreet

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) James Morgan Walters Alexai

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 5/26 36

19. UNDERTAKER (ADDRESS) Conarus + Peck

20. FILED 6-1 1936 R. H. Campbell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-23-1936

22. I HEREBY CERTIFY, That I attended deceased from 5-18-36 to 5-23-36

I last saw h. or alive on 5-23-36 1936 Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:  
Fecal Impaction  
Broncho-Pneumonia  
122 1/2

Date of report 5-22-36

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical 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) Ed. C. Bellor , M. D.  
(Address) Clinton Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

