DEC 4 1936

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

Do not use this space.

38759

1. PLACE OF DEATH
County Randolph Registration District No. 793 File No.
Township Primary Registration District No. 3034 Registered No. 218
City Moberly (No. Woodland Hospital St. Ward)

2. FULL NAME Edward Garnett

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

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~~ Nett Riley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/18/1866
7. AGE: YEARS 70, MONTHS X, DAYS 17. If LESS than 1 day, ... hrs. or ... min.

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

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

FATHER
13. NAME Anthony Garnett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Annie Riley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT Mrs. Ed Garnett
(ADDRESS) Moberly

18. BURIAL, CREMATION, OR REMOVAL
PLACE Madison DATE Oct 17, 1936

19. UNDERTAKER Fred A. Thompson
(ADDRESS) Moberly, Mo.

20. FILED 10/16 1936 Virginia Walker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1936 to Oct 15, 1936

I last saw him alive on Oct 15, 1936 Death is said to have occurred on the date stated above, at 9:00 A.m.

The principal cause of death and related causes of importance were as follows: Coronary thrombosis — Date of onset 10/6/36

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Clin. 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) Martin P. Hunter, M. D.
(Address) 300½ W Reed St Moberly, 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.

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