

MAR 19 1937

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

Do not use this space.

1. PLACE OF DEATH
County Henry Registration District No. 14
Township..... Primary Registration District No. 4211
City Windsor (No., St. Ward)

File No. 6012
Registered No. 4

2. FULL NAME Mrs. Catherine Garland

(a) Residence, No., 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. P. Garland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 8, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 5 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
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) Fort Washington Wisconsin

13. NAME D. J. Bennett

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. C. E. Wegner
(ADDRESS) Windsor, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Windsor, Mo. DATE Feb. 4 19 37

19. UNDERTAKER Huston-Turner
(ADDRESS) Windsor, Mo.

20. FILED Feb 4 19 37 Jennings
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 2nd 19 37

22. I HEREBY CERTIFY, That I attended deceased from 5/25 1935, to 2/2 1937

I last saw her alive on Feb 2 1937 Death is said to have occurred on the date stated above, at 2:00 P. M.
The principal cause of death and related causes of importance were as follows:

chronic myocarditis Date of onset ?

Other contributory causes of importance: Hypostatic Pneumonia Jan 1

Name of operation None Date of.....
What test confirmed diagnosis? Chemical 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) Reginald J. Jordan, M. D.
(Address) Windsor 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.

100M-1-1-35

