

REC'D APR 22 1938

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

Do not use this space.

11761

**1. PLACE OF DEATH**County PettisTownship First CenterCity SedaliaRegistration District No. 668Primary Registration District No. 0991(No. RFD # 2.)File No. 4986Registered No. 668

St. \_\_\_\_\_ Ward)

**2. FULL NAME**Francis Marion Garrett630(a) Residence, No. RFD # 2. 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 <u>Male</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>Ellen</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 14, 1862</u>		
7. AGE YEARS <u>75</u>	MONTHS <u>11</u>	DAYS <u>25</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) _____ <u>Mo.</u>		
FATHER	13. NAME <u>James M. Garrett</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____ <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Elvina Wainscott</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____ <u>Mo.</u>	
17. INFORMANT <u>Mrs. F. M. Garrett</u> (ADDRESS) <u>Sedalia, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pleasant Hill Cem.</u> DATE <u>Mar. 10, 1938</u>		
19. UNDERTAKER <u>Gillespie Funeral Home</u> (ADDRESS) <u>Sedalia, Mo.</u>		
20. FILED <u>3-10-38</u> <u>James Black</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>MARCH 9</u> , 19 <u>38</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>As Coronary case only</u> , 19 <u>38</u>
I last saw h. _____ alive on _____, 19 <u>38</u> . Death is said to have occurred on the date stated above, at <u>4:00 A.M.</u>
The principal cause of death and related causes of importance were as follows: <u>Coronary embolism</u>
Date of onset
Other contributory causes of importance: <u>Acute heart disease</u> <u>Chronic endocarditis</u> <u>Pericarditis - adhesions</u>
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? <u>Yes</u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 <u>38</u>
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? <u>No</u>
If so, specify _____ (Signed) <u>C. Gordon Stauffer</u> , M. D.
(Address) <u>Coronary &amp; Pettis County</u>

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.

