

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

39755
Do not use this space.

DEC 15 1939

1. PLACE OF DEATH *Henry* 2
 (a) County *Henry* Registration District No. *352*
 (b) Township *Separate* 1 Primary Registration District No. *5493*
 or *Montrose* (c) City *Montrose* (d) Street No. *4209* St.
 (e) Length of residence in city or town where death occurred (If death occurred in Hospital or Institution, write its name instead of street and number)
 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *CARRIE V. BOARD*

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of sbode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F.* 4. COLOR OR RACE *Wh.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 18, 1870*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 4 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. *House wife*
 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) *Longwood Missouri*

FATHER
 13. NAME *James T. Garrett*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Fidd Co. Kentucky*

MOTHER
 15. MAIDEN NAME *Mollie T. Phillips*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Marshall Missouri*

17. INFORMANT *Edith Wilson* (ADDRESS) *Clinton Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Montrose Mo* DATE *Nov 24, 1939*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Funerary Home Montrose Mo*

20. FILED *11-28, 1939* *W.E. Baggerly* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 23, 1939*

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw her alive on *Nov. 23, 1939*. Death is said to have occurred on the date stated above, at *4 P.* m.
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage Date of onset *5 1/2 hrs*
 Other contributory causes of importance: *Arterio-sclerosis* *10 yrs*

Name of operation _____ Date of _____
 What test confirmed diagnosis? *History* 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) *W. E. Baggerly* M. D.
 (Address) *Montrose Mo*

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.

RECEIVED

District Health Officer No. 7,

District File Number 17-39-1668

Date Filed 12-11-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Oscar Eckhoff

Licensed Embalmer No. 3942

P. O. Address Spokane City, W.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.