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

Do not use this space.
16756

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis Mo (No. 821 Tyler St St. ..... Ward)

File No. ..... Registered No. 4697

2. FULL NAME George Garrett

(a) Residence. No. 821 Tyler St St., 26 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 31 - 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	11	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Bench Worker
(b) General nature of industry, business, or establishment in which employed (or employer) American Brake Co
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Indiana
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Layton Garrett
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ind.
12. MAIDEN NAME OF MOTHER Molly Simpson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ind.

14. INFORMANT Agnes Garrett
(Address) 821 Tyler St

15. FILED MAY 19 1927 Mark Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 17th 1927

17. I HEREBY CERTIFY, That I attended deceased from May 15, 1927, to May 17, 1927, that I last saw he alive on May 17, 1927, and that death occurred, on the date stated above, at 8 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
10H
(duration) ..... yrs. 10 mos. ..... ds.

CONTRIBUTORY (SECONDARY) 10H
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Geo A Cook M. D
May 18, 1927 (Address) 1809 No 9th St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Dudley Mo
DATE OF BURIAL May 19 1927

20. UNDERTAKER Hy Leidner Und Co
ADDRESS 1417 N. Market St

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.

THIS IS A PERMANENT RECORD