

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

Do not use this space.

29903

1. PLACE OF DEATH

County Jackson
Township Law
City R.C. Mo. (No. St. Joseph Hosp)

399

Registration District No. _____
Primary Registration District No. 1002

File No. _____
Registered No. 3708 St. _____ Ward _____

2. FULL NAME

Sarah Garrison
(a) Residence. No. 2214 Kansas Ave. St. 11 Ward _____

(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 Fe. 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 5 - 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs.
				or _____ min.
	77	8	4	

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

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

10. NAME OF FATHER Frank Young

11. BIRTHPLACE OF FATHER (CITY OR TOWN) no record
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Nancy S. ?

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) no record
(STATE OR COUNTRY)

14. INFORMANT Mrs. C. R. Soulier
(Address) 4017 E. 19-

15. FILED 9/9 1930 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 9 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1930 to Sept 9, 1930 that I last saw him live on Sept 9, 1930, and that death occurred, on the date stated above, at 1:00 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Sclerosis
46B
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) hypertension
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED Ill.
IF NOT AT PLACE OF DEATH St. Joe Hosp

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? no
(Signed) W. H. Knowlton, M. D.
9/9 1930 (Address) 306 Dubuque

*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 Elmwood DATE OF BURIAL Sept 11 1930

20. UNDERTAKER Mrs. C. L. Forster ADDRESS R.C. 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.

Lathrop Vi-7010

5108 Grand-V2-7412

11/1/1912

4017 E 19th

Chestnut

1431