

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St Louis Mo (No. 3828, Trinity Ave) St. \_\_\_\_\_ Ward)

File No. 4063  
 Registered No. 1352

**2. FULL NAME** Frank Garrison

(a) Residence No. 3828 Trinity 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 <u>Ma</u>	4. COLOR OR RACE <u>Col</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>Clementine Garrison</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>12-15-1892</u>				
7. AGE	YEARS <u>38</u>	MONTHS <u>1</u>	DAYS <u>15</u>	IF LESS than 1 day, ..... hrs. or ..... min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Mechanic</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Automobile</u> (c) Name of employer				

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Orleans La

10. NAME OF FATHER unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) unknown 31

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

14. INFORMANT Clementine Garrison  
 (Address) 3316 Franklin Ave

15. FILED FEB -3 1931  
Wm C. Stark REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/30/1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1931 to Jan 30 1931 that I last saw him alive on Jan 29 1931, and that death occurred, on the date stated above, at 12:45 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cancer of Kidney  
 51A  
 (duration) ..... yrs. .... mos. .... ds.  
 CONTRIBUTORY (SECONDARY) neplente etc  
 (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH? ye DATE OF May 1930  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) Samuel Stefford M. D.  
1-1-1931 (Address) 925 N Jefferson

\*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 Greenwood Cemetery DATE OF BURIAL 2/3/1931

20. UNDERTAKER Atkins and Co Morgan ADDRESS 3317

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.

