

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

Do not use this space.

757

39
5-5-1932

1. PLACE OF DEATH
 County Greene Registration District No. 318
 Township Springfield Primary Registration District No. 2001
 City Springfield (No. 564 W Locust)
 2. FULL NAME Charles F Garrett
 (a) Residence, No. 564 W. Locust St., _____ Ward.
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

File No. _____
 Registered No. 40
 _____ St. _____ Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma C. Garrett
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13 - 1857
 7. AGE YEARS 74 MONTHS 6 DAYS 1 IF LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
 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) N. Y. 2
 13. NAME John Garrett
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 8
 15. MAIDEN NAME Hannah Hewitt
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England
 17. INFORMANT (ADDRESS) Emma C. Garrett
Springfield, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn Cemetery DATE July 17, 1932
 19. UNDERTAKER (ADDRESS) W. H. Thummet & Co.
Springfield, Mo.
 20. FILED 1-15-1932 Don Sharp
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-14-1932
 22. I HEREBY CERTIFY, That I attended deceased from 11-14, 1932, to 11-14, 1932.
 I last saw him alive on 11-14, 1932. Death is said to have occurred on the date stated above, at 8:53 a.m.
 The principal cause of death and related causes of importance were as follows:
Heart - Valvular Lesion Date of onset 1 mo
920A
162 920
 Other contributory causes of importance:
Gen. Senile Changes
 Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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 _____ (D)
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) J. J. Freeman M. D.
 (Address) Springfield, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

FILED 24 1932

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