

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

Do not use this space.

OCT 17 1935

28843

1. PLACE OF DEATH

County Butler Registration District No. 89
Township Paplar Bluff Primary Registration District No. 5131
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 198

2. FULL NAME

John Christopher Garrett
(a) Residence No. 9 mi. N. Paplar Bluff Mo 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16 1886

7. AGE YEARS 49 MONTHS 7 DAYS — If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) April 1935 11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (CITY OR TOWN) Bellevue
(STATE OR COUNTRY) Butler Co Mo

13. NAME John Garrett

14. BIRTHPLACE (CITY OR TOWN) Pa
(STATE OR COUNTRY)

15. MAIDEN NAME Amelia Mays

16. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY)

17. INFORMANT Neil Garrett
(ADDRESS) Paplar Bluff Mo R 3

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem DATE Sept 18, 1935

19. UNDERTAKER N. T. Phelps
(ADDRESS) Paplar Bluff Mo

20. FILED 4-20-1935 O. C. Peterson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from arr 7, 1935 to Sept 16, 1935

I last saw him alive on July 20, 1935. Death is said to have occurred on the date stated above, at 10:30 m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Embolism
associated with his father-in-law 5 yrs ago

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis Kelator Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) J. Deet Harwell, M. D.

(Address) Paplar Bluff, 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.

