

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.

AUG 28 1936

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

Do not use this space.
K. H. H.
29485

1. PLACE OF DEATH
County Scotland Registration District No. 810
Township Memphis Primary Registration District No. 4488
City Memphis (No. _____) St. _____ Ward _____
2. FULL NAME George W. Garrett
(a) Residence, No. _____ St. _____ 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 15 - 1866
7. AGE YEARS 73 MONTHS 8 DAYS 10 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. _____
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) Scotland Co Mo
13. NAME Geo. C. Garrett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
15. MAIDEN NAME Margaret Pinner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
17. INFORMANT Lida Garrett (ADDRESS) Memphis Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Camp Ground DATE July 27, 1936
19. UNDERTAKER W. H. D. D. D. (ADDRESS) Memphis Mo
20. FILED JUL 31 1936 C. C. Garrison (Address) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1936
22. I HEREBY CERTIFY, That I attended deceased from June 30, 1936, to July 25, 1936
I first saw him/her alive on July 25, 1936. Death is said to have occurred on the date stated above, at 7:15 P.M.
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
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Other contributory causes of importance:
Chronic Interstitial Nephritis
Name of operation _____ 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 _____
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) A. M. Keethler M. D.
(Address) Memphis Mo

