

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

Do not use this space.

REC'D MAR 14 1938

1. PLACE OF DEATH

County BUCHANAN Registration District No. 85
 Township TOWNSHIP Primary Registration District No. 1001
 City ST. JOSEPH, (No. 1224, CHURCH ST. St. Ward)

File No. 6105
 Registered No. 180

2. FULL NAME MRS. NELLIE W. GARROD, 620

(a) Residence, No. 1224 CHURCH ST., St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</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>ROY GARROD</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>MARCH 1, 1862</u>				
7. AGE YEARS <u>75</u>	MONTHS <u>11</u>	DAYS <u>8</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <u>HOUSEWIFE</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>HOME</u>			
	10. Date deceased last worked at this occupation (month and year) <u>UNK</u> 11. Total time (years) spent in this occupation <u>UNK</u>			

12. BIRTHPLACE (CITY OR TOWN) RICHMOND
 (STATE OR COUNTRY) VIRGINIA

FATHER 13. NAME WILLIAM TURNER

FATHER 14. BIRTHPLACE (CITY OR TOWN) UNKNOWN
 (STATE OR COUNTRY) VIRGINIA

MOTHER 15. MAIDEN NAME SARAH GOLDEN

MOTHER 16. BIRTHPLACE (CITY OR TOWN) UNKNOWN
 (STATE OR COUNTRY) VIRGINIA

17. INFORMANT (ADDRESS) ROY GARROD
1221 CHURCH ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK CEM DATE FEB, 11, 1938

19. UNDERTAKER (ADDRESS) FLEEMAN & SON, INC.
1946 COLHOUN ST. ST. JOSEPH, MO.

20. FILED Feby 11 1938 J. J. Neettlebech Registrar.
 (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEBRUARY 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from to , 1938

I last saw her alive on Feb 7, 1938 Death is said to have occurred on the date stated above, at 1:15 P.M.

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

Paralytic Agitation
(Diagnosed)
89 TB 2
None

Date of onset

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

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? no

If so, specify

(Signed) John J. O'Connell, M. D.

(Address)

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.

Carlyle

1840