

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.

JUL 22 1938

Dr. Howard

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

22371
Do not use this space.

1. PLACE OF DEATH
 (a) County Macon Registration District No. 535
 (b) Township Narrows Primary Registration District No. 5720 Registered No. _____
 (c) City _____ (d) Street No. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Frank Garrett
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dora H. Garrett
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 28 1886
 7. AGE YEARS 51 MONTHS 10 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as 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) Macon Co., Mo.
 FATHER 13. NAME Theodore B. Garrett
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 MOTHER 15. MAIDEN NAME Minnie Patton
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 17. INFORMANT Mrs. Dora H. Garrett
 (ADDRESS) Excelsa, Mo., R 2
 18. BURIAL, CREMATION, OR REMOVAL PLACE Chappel Hill DATE 6-30 1938
 19. FUNERAL DIRECTOR Stephens & Goodding
 (ADDRESS) Macon, Mo.
 20. FILED _____ 19 _____ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-28-1938
 22. I HEREBY CERTIFY, That I attended deceased from 6-15-38 to 6-28-38
 I last saw him alive on 6-28-38 Death is said to have occurred on the date stated above, at 10 a.
 The principal cause of death and related causes of importance were as follows:
Lethargic Emphysema
 Date of onset 2 weeks
 Other contributory causes of importance: None
 Name of operation _____ 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) Howard, M. D.
 (Address) Macon Mo.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

22371
Do not use this space.

1. PLACE OF DEATH

(a) County Macon Registration District No. 535
 (b) Township Narrows Primary Registration District No. 5720 Registered No. _____
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frank Garrett

(a) Residence, No. _____ St. _____
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE Dora W. Garrett
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28 1886
 7. AGE YEARS 51 MONTHS 10 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-28 1938
 22. I HEREBY CERTIFY, That I attended deceased from 6-15 to 6-28
 I last saw him alive on 6-28, 1938 Death is said to have occurred on the date stated above, at 10 a.m.
 The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Lethargic Encephalitis
 Other contributory causes of importance: _____

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

FATHER 13. NAME Theodore B Garrett

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

MOTHER 15. MAIDEN NAME Minnie Patton

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

17. INFORMANT (ADDRESS) Mrs Dora W. Garrett
excellent no

18. BURIAL, CREMATION, OR REMOVAL PLACE Chappel Hill DATE 6-30 1938

19. FUNERAL DIRECTOR (ADDRESS) Stephen + Gooding
Macon Mo

20. FILED Aug. 29 1938 Gela King
Local Registrar

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) Howard Miller, M. D.
 (Address) Macon Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAWS.

amount of cemetery supplied. AGE should be stated EXACTLY. PHYSICIANS SIGNATURES, so that it may be properly classified. Exact statement of OCCUPATION is very important.

