

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.

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

6377  
Do not use this space.

DEC'D MAR 15 1939

1. PLACE OF DEATH

(a) County DeKalb Registration District No. 267  
(b) Township Polt Primary Registration District No. 4161 Registered No. \_\_\_\_\_  
(c) City Union Star, Mo (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred 1 yrs. 4 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 630 Henry B. Garrett St.  (If nonresident, give city or town and State)  
Union Star, Mo (Usual place of abode, if no street address, write county or city)

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 Mary A. Garrett  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 28-1864  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
74 4 7  
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) Oct 1937 11. Total time (years) spent in this occupation \_\_\_\_\_

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

FATHER 13. NAME Francis M. Garrett  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER 15. MAIDEN NAME Catherine Kostl  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cumberland County Pennsylvania

17. INFORMANT (ADDRESS) Paul J. Garrett Union Star Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star DATE Feb. 6 1939

19. FUNERAL DIRECTOR (ADDRESS) Lucile M. Wilson King City, Mo

20. FILED 2-5 1939 E. M. Reynolds Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4 1939  
22. I HEREBY CERTIFY, That I attended deceased from Feb 4 1939 to Feb 4 1939  
I last saw him alive on Not at all 1939 Death is said to have occurred on the date stated above, at 9:15 AM  
The principal cause of death and related causes of importance were as follows:

Date of onset 2-4-39  
Apoplexy  
Other contributory causes of importance: \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Chemical (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) E. M. Reynolds M. D.  
Union Star Mo (Address) \_\_\_\_\_

RECEIVED

District Health Officer No. 117

Dist. No. 38-81

Date Filed MAR 9 1934

STATEMENT BY LICENSED EMBALMER

I, Lucile M. Wilson, Licensed Embalmer No. 2830

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 Lucile M. Wilson

Licensed Embalmer No. 2830

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