

APR 25 1939

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

12030
Do not use this space.

1. PLACE OF DEATH
(a) County Randolph Registration District No. 738
(b) Township Chariton Primary Registration District No. 3972 Registered No. _____
(c) City _____ (d) Street No. _____ St. _____
(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 630 CATHERINE GARRET
(a) Residence, No. Huntsville, Mo St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Newt Garret
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 31, 1843
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
92 4 5
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Kentucky
13. NAME Milton Lawrence
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT (ADDRESS) Mrs. Olivia Webster

18. BURIAL, CREMATION, OR REMOVAL PLACE Darksville, Mo DATE March 7, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Don B. Patton
Huntsville, Mo
20. FILED Apr-1- 1939 Miss D. A. Danahar Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 6, 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1939, to Mar 2, 1939
I last saw her alive on Mar 2, 1939. Death is said to have occurred on the date stated above, at 7 p.m.
The principal cause of death and related causes of importance were as follows:
Influenza
Myocardial Steatoris
Senility
Other contributory causes of importance: _____
Date of onset 2/20/39
D. K. _____

Name of operation None Date of _____
What test confirmed diagnosis? Exam 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) Philip V. Orayer, M. D.
(Address) Huntsville, Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

RECEIVED

District Health Officer No. 10

District File Number 10-39-723

Date Filed APR 9 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.