FEB 18 1937

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

Do not use this space.

1. PLACE OF DEATH
County Moniteau — Registration District No. 571 — File No. 2289
Township Walker — Primary Registration District No. 4335 — Registered No. 3
City California (No. ..... St. ..... Ward)

2. FULL NAME Rosa Evalyn Garrison
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Female
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 23-1936
7. AGE YEARS ~~18~~ MONTHS DAYS 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Moniteau Co, Mo.

FATHER
13. NAME Arch Garrison
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Co Mo

MOTHER
15. MAIDEN NAME Dollie Murry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Co

17. INFORMANT (ADDRESS) Arch Garrison California Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cem DATE 1/11 1937
19. UNDERTAKER (ADDRESS) Williams & Friedmeyer California Mo
20. FILED 1-12- 1937 H.R. Popejoy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 10 1937
22. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1937, to Jan. 10, 1937
I last saw her alive on Jan. 10, 1937. Death is said to have occurred on the date stated above, at 9 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	

Other contributory causes of importance:
Icterus Neonatorum

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) K. J. Banion D.O.
(Address) California, 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.

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