

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

Do not use this space.

14773

1. PLACE OF DEATH

55 County Lawrence
Township mt Vernon
City.....(No.....).....St.....Ward)

Registration District No. 470
Primary Registration District No. 5633

File No. 23
Registered No.

2. FULL NAME

David Garvotte

(a) Residence. No.....St.....Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. 9 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Divorced</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 9 - 1863

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>68</u>	<u>0</u>	<u>26</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Janitor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) not known
(STATE OR COUNTRY) 31

10. NAME OF FATHER not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) not known
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not known
(STATE OR COUNTRY)

14. INFORMANT County Farm Records
(Address) mt Vernon mo.

15. May 11 1931 W. J. Fulton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/4 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to March 9, 1931 that I last saw h..... alive on April 10, 1931, and that death occurred, on the date stated above, at 6.....m.....

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Valvular Disease of Heart

(duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Chronic Left Heart, Hypertension
(duration)yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. J. Fulton M. D.
, 19 (Address) mt Vernon Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Patterson Field
DATE OF BURIAL 4/6 1931

20. UNDERTAKER Phillips & Fossitt
ADDRESS mt Vernon

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.

MAY 25 1931

RESERVED FOR BINDING

