

1 PLACE OF DEATH

DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

File No. **3b069**

County **Washington**

Vol. No. **16** Registration District No. ....

Registered No. ....  
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

Ino. Town ..... Primary Registration District No. ....

City ..... (No. .... St., .... Ward)

2 FULL NAME **John A. Garrett**

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE MARRIED, WIDOWED OR DIVORCED **Married**  
(Write the word)

6 DATE OF BIRTH **Jan. 24 - 1880**  
(Month) (Day) (Year)

7 AGE **27 yrs. 10 mos. - ds.** IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work... **Miner**  
(b) General nature of industry, business or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country) **Ky.**

10 NAME OF FATHER **John A. Garrett**

11 BIRTHPLACE OF FATHER (State or country) **Ky. Penn.**

12 MAIDEN NAME OF MOTHER **Virginia Gilman**

13 BIRTHPLACE OF MOTHER (State or country) **Ky.**

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) **John A. Garrett**  
(Address) **Hillsdale Ky.**

15 Filed **10-29-1918** **Wm. C. A. Grant**  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH **11-28-1918**  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from ..... 1918, to **11-28**, 1918, that I last saw him alive on **11-28**, 1918, and that death occurred on the date stated above at **2 P.M.** The CAUSE OF DEATH\* was as follows:  
**Complications**

Contributory (SECONDARY) **Heinman**  
(Duration) **4** yrs. .... mos. .... ds.  
(Signed) **C. H. ...**, M. D.  
**11-29-1918** (Address) **...**

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL  
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAIN SHEDS OR RECENT RESIDENTS)  
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.  
Where was disease contracted, if not at place of death? .....

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  
20 UNDERTAKER ADDRESS  
....., 191...

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 understood. Check statement of OCCUPATION is very important.