

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

11777

1 PLACE OF DEATH

County Ohio

Vot. Pct.

Registration District No. 1133Inc. Town CincinnatiPrimary Registration District No. 2000

City

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

2 FULL NAME Smith A Garrett

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 Single married  
Married  
Widowed  
or Divorced  
(Write the word.)6 DATE OF BIRTH May 12 - 1847  
(Month) (Day) (Year)7 AGE 79 yrs. 7 mos. 14 ds.  
IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min?8 OCCUPATION  
(a) Trade, profession or particular kind of work Retired Pensioner  
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Ky10 NAME OF FATHER Gas Garrett

11 BIRTHPLACE OF FATHER (State or country) \_\_\_\_\_

12 MAIDEN NAME OF MOTHER Nancy Forbes

13 BIRTHPLACE OF MOTHER (State or country) \_\_\_\_\_

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE:

(Informant) Mrs S.A. Garrett(Address) Cincinnati15 Filed 2/7/1927 E.M. Montan Registrar

## MEDICAL CERTIFICATE OF DEATH

6 DATE OF DEATH Feb 7th  
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from Feb 5, 1927 to Feb 6, 1927.that I last saw him alive on Feb 6, 1927.and that death occurred on the date stated above at 3 a.m.

The CAUSE OF DEATH\* was as follows:

Acute indigestion(Duration) yrs. mos. ds. 3Contributory (Secondary) interstitial nephritis

(Duration) yrs. mos. ds. \_\_\_\_\_

(Signed) William J. ...  
(Address) ...

\*State the Disease Causing Death, or, in death from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

15 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients 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? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

16 PLACE OF BURIAL OR REMOVAL Cincinnati, Ky DATE OF BURIAL 2/9/192717 UNDERTAKER W.E. ... ADDRESS ...

MARGER BEVELD FOR BUNDLING

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. See instructions on back of certificate.