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

Do not use this space

37421

File No. 759

Registered No.

JAN 15 1928

1. PLACE OF DEATH

County: Lawrence — Registration District No. 470

Township: Mt Vernon, North — Primary Registration District No. 3633

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

2. FULL NAME: Roscoe Edward Gardner

(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 75 yrs. 7 mos. 22 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs Grace Gardner

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 13-1902

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
25	7	22	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Laundryman

(b) General nature of industry, business, or establishment in which employed (or employer): State Tubercular

(c) Name of employer: Institution Mo.

9. BIRTHPLACE (CITY OR TOWN): Mt Vernon Mo
(STATE OR COUNTRY): Lawrence Co.

PARENTS

10. NAME OF FATHER: Harvey Elton Gardner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Barry Co. Mo

12. MAIDEN NAME OF MOTHER: Jane Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Lawrence Co Mo

14. INFORMANT: H E Gardner
(Address): Mt Vernon Mo

15. FILED: 1/10, 1928 — W J Fulton, REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 5th 1927

17. I HEREBY CERTIFY, That I attended deceased from July 23, 1927, to Dec 5, 1927, that I last saw him alive on Dec 5, 1927, and that death occurred, on the date stated above, at 4:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Hemorrhage
23A
23B
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Pulmonary Tuberculosis
(duration) ..... yrs. 5 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Laboratory, X Ray

(Signed) ..... M.D.

12/5, 1927 (Address) M K Pope, 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: Mt Vernon City Cemetery — DATE OF BURIAL: 12/7 1927

20. UNDERTAKER: Geo B Orr — ADDRESS: Mt Vernon

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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