

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

Do not use this space.

39879

1. PLACE OF DEATH

County Jackson Registration District No. _____ File No. _____
Township East Primary Registration District No. _____ Registered No. 4887
City Keosauqua (No. Wesley Hospital St. _____ Ward _____)

2. FULL NAME

(a) Residence, No. 2458 Benton St., _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 31 - 1907
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 3 18
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
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) Mo.

13. NAME Chas. W. Gardner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Married Gardner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Floyd J. White
(ADDRESS) 2458 Benton

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE Dec 20 32

19. UNDERTAKER Mrs. C. L. Foster
(ADDRESS) 918 Brookline, Mo.

20. FILED 12/20 3:30 p.m. m. Carrow
Asst. Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 18 - 32

22. I HEREBY CERTIFY, That I attended deceased from Dec 18 32 to Dec 18 32
I last saw him alive on Dec 18 32 Death is said to have occurred on the date stated above, at 8:35 p.m.
The principal cause of death and related causes of importance were as follows:

Mitochondria
demolition of lungs
196
920
1118
120
Other contributory causes of importance:
Pregnancy swelling of feet legs & hands
shortness of breath

Name of operation none Date of _____
What test confirmed diagnosis? exam Was there an autopsy? No

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? No
If so, specify _____
(Signed) Edw M. Miers, M. D.
(Address) 901 Chambers 3rd fl.

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.

Chambers

Jan. 31 20

1 to 3.