

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

Do not use this space.

9514

1. PLACE OF DEATH

County Jackson Registration District No. 039 File No. _____
 Township Law Primary Registration District No. 1002 Registered No. 1105
 City Kansas City (No. 7 C. General Hosp) St. _____ Ward _____

2. FULL NAME Isa W. Gardin

(a) Residence, No. 2449 Prospects St. Ward. _____ (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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-6, 1933

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from 3-4, 1933, to 3-6, 1933
 I last saw her alive on 3-6, 1933 Death is said to have occurred on the date stated above, at 6:50 P. M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) no record

The principal cause of death and related causes of importance were as follows:
Epidemic Cerebro spinal meningitis

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60

Date of onset 18 / 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

FATHER 13. NAME Wade Gardin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

MOTHER 15. MAIDEN NAME Helen Martiny

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

17. INFORMANT (ADDRESS) Reverend Clerk KC General Hosp 720 M

18. BURIAL, CREMATION, OR REMOVAL PLACE Miami Okla DATE 3-8-33

19. UNDERTAKER (ADDRESS) Finks & Tobin Co

20. FILED 377-1933 M. M. Brown Registrar

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? _____
 If so, specify _____
 (Signed) J. H. Jensen M. D.
Supt KC Gen Hosp 720 M

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

