

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.

DEC 3 1936

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

Do not use this space.

38407

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1. PLACE OF DEATH

County MississippiRegistration District No. 567Township East PrairiePrimary Registration District No. 4334City East Prairie (No. _____)

St. _____ Ward _____

2. FULL NAME

Anna K. Gardner(a) Residence, No. Rt. 1 Matthews, Mo. 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. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1 - 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 73 5 17

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Keeping
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris, Illinois13. NAME Henry Dodge14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Magdalena Tennyson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Clara F. Sweet
(ADDRESS) East Prairie, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Daywood DATE Oct. 20 193619. UNDERTAKER Travis N. Shelly
(ADDRESS) East Prairie, Mo.20. FILED Oct. 18 1936 Duff M. Hodges
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 18 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 12.9 m.

The principal cause of death and related causes of importance were as follows:

I understand miss Gardner did not have a physician during her last illness - but I have at different times attended her for Chronic Bright's

Other contributory causes of importance: Disease, and Chronic Valvular heart trouble - I presume the death was due to

Name of operating physician _____
Was post mortem diagnosis? _____ Was there an autopsy? _____
Of this Chronic Condition

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) George W. Whitaker M. D.(Address) East Prairie Mo

THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT
5712 S. UNIVERSITY AVE.
CHICAGO, ILL. 60637

ATTENTION: [Illegible]
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