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.

MAR 16 1928

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

Do not use this space.

4076

File No. .....

Registered No. 172

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township ..... — Primary Registration District No. 1001

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

2. FULL NAME Addie Gardner

(a) Residence. No. 3319 Seal St., ..... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: Wh

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 16 1850

7. AGE: Years 77 | Months 2 | Days 22 | If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer: ✓

9. BIRTHPLACE (CITY OR TOWN) ✓ (STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER: Hugh Gardner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) New York

12. MAIDEN NAME OF MOTHER: Ind Fleck

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Penn.

14. INFORMANT: Susie Fuller (Address) Tope Da Kans

15. FILED FEB 10 1928 19..... John G. Wh ..... REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/8 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 4th, 1928, to February 8, 1928 that I last saw her alive on February 8, 1928, and that death occurred, on the date stated above, at 7:00 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia (lobar)

100

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

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

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? Clinical test

2/9, 1928 (Signed) Dr. C. W. Graves M. D.

(Address) 221 A Kirkpatrick Bldg

*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: Cedar Rapids Ia — DATE OF BURIAL: 2/12 1928

20. UNDERTAKER: J C Stringer — ADDRESS: 216 So 16th