

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

Do not use this space.

MAR 16 1928

4169

1. PLACE OF DEATH
Buchanan

County.....

Registration District No. 85

Township.....

Primary Registration District No. 1001

City St. Joseph

(No. 1314 North 12th Street)

File No.....

Registered No. 267

St. Ward

2. FULL NAME Della Gardner

(a) Residence No. 1314 N. 12th

St. Ward.

(If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
4. COLOR OR RACE Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 29 1928

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

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1928, to March 1, 1928, to that I last saw him alive on March 1, 1928, and that death occurred, on the date stated above, at 5.30 p. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 19 1886

THE CAUSE OF DEATH: WAS AS FOLLOWS:

7. AGE 42 YEARS MONTHS 11 DAYS IF LESS than 1 day, hrs. or min.

Chronic Myo. Carditis

8. OCCUPATION OF DECEASED Housewife
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

93E
CONTRIBUTORY (SECONDARY) P.B.

9. BIRTHPLACE (CITY OR TOWN) Richmond Mo.
(STATE OR COUNTRY) Mo.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER George Gardner

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF.....

20. WAS THERE AN AUTOPSY? None

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

WHAT TEST CONFIRMED DIAGNOSIS? Necr. & History of symptoms (Signed) J. J. Myers, M.D. 3/2, 1928 (Address) St. Joseph Mo.

12. MAIDEN NAME OF MOTHER Amanda Clemons
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Richmond Mo.
(STATE OR COUNTRY) 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.

14. INFORMANT Forstine Carey
1521 Savannah Ave.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Richmond Mo.
DATE OF BURIAL 3/3/1928

15. FILED 1928 John J. Myers REGISTRAR

20. UNDERTAKER I. F. Ramsey Funeral Service 9th & Olive

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.

