

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

Do not use this space.

7758

1. PLACE OF BIRTH
 County Barry Registration District No. 267
 Township Mingo Primary Registration District No. 5090
 City (No.) St. Ward

2. FULL NAME Virgil Alva Gardner
 (a) Residence. No. 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 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male White Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 17, 1927

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>11</u>	<u>11</u>	<u>12</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Barry Co Mo
 (STATE OR COUNTRY) Mingo

10. NAME OF FATHER Henry Osgood Gardner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Barry Co Mo
 (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Wella Klein

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Barry Co Mo
 (STATE OR COUNTRY) Kansas

14. INFORMANT Henry Gardner
 (Address) Carson, Mo

15. FILED April 28 W. H. Hall
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY That I attended deceased from Mar 16, 1928, to Mar 29, 1928, that I last saw h. w. alive on Mar 29, 1928, and that death occurred, on the date stated above, at 9 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ectopic Colitis

CONTRIBUTORY (SECONDARY) 117 1/3 B
 (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. M. Guiffey, M. D.
 , 19 (Address) Creechtown 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Wayton Mo DATE OF BURIAL Mar 30 1928

20. UNDERTAKER none ADDRESS

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.

