

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

Do not use this space.

34071

**1. PLACE OF DEATH**

County Dunklin  
Township Deary  
City (No. ....) .....

Registration District No. 287  
Primary Registration District No. 3404

File No. ....  
Registered No. 47  
St. .... Ward .....

**2. FULL NAME**

Lenna Mary 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 F 4. COLOR OR RACE W 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) June 1914

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
12 3

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Seam  
(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Leadville Colo  
(STATE OR COUNTRY)

10. NAME OF FATHER Charley Gardner

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

12. MAIDEN NAME OF MOTHER Genie E Ballard . 19 (Address) SMACK MO

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

14. INFORMANT Charley Gardner  
(Address) Leadville

15. FILED 10-3-31 E. D. Cooper  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 2 1931

I HEREBY CERTIFY, That I attended deceased from 11 PM Oct 1 to 11 PM 1931, that I last saw h. .... alive on Oct 1 11 PM 1931 and that death occurred, on the date stated above, at 11 PM.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
I saw this patient Oct 1 at 11 PM  
bleeding to the lungs

1078 (duration) .... yrs. .... mos. .... ds.  
CONTRIBUTORY (SECONDARY) 108 (duration) .... yrs. .... mos. .... ds.

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

DID AN OPERATION PRECEDE DEATH? .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) W. H. Russell M. D.  
(Address) SMACK 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 Leadville DATE OF BURIAL Oct 3 1931

20. UNDERTAKER Leadville Undertaker ADDRESS Leadville Mo

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.

NOV 24 1931

